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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES
BUREAU OF DEVELOPMENTAL SERVICES

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May 14, 2020

Alan Greene
Monadnock Developmental Services
121 Railroad Street
Keene, NH 03431

Dear Mr. Greene,

Please find enclosed the redesignation report for Monadnock Developmental Services (MDS). Redesignation is a fundamental aspect to the developmental services system and is required by State Statute RSA 171-A:18 and He-M 505.08. Per He-M 505.08(a), an area agency is required to apply to the Bureau of Developmental Services (BDS) for redesignation every five years.

As outlined in He-M 505.08(e) (1) – (9), an area agency shall be considered successful and operating efficiently when it annually:

- 1) Demonstrates, through its services and supports, a commitment to a mission that embraces and emphasizes active community membership and inclusion for persons with disabilities;
- 2) Demonstrates, through multiple means, its commitment to individual rights, health promotion, and safety;
- 3) Provides individuals and families with information and supports to design and direct their services in accordance with their needs, preferences, and capacities and to decide who will provide them;
- 4) Involves those who use its services in area planning, system design, and development;
- 5) Assesses and continuously improves the quality of its services, and ensures that the recipients of services are satisfied with the services that they receive;
- 6) Demonstrates, through its board of directors and management team, effective governance, administration, and oversight of the area agency staff, providers, and, if applicable, subcontract agencies;
- 7) Is fiscally sound, manages resources effectively to support its mission, and utilizes generic community resources and proactive supports in assisting people;
- 8) Complies, along with its subcontractors, if applicable, with state and federal requirements; and
- 9) Achieves the goals identified in its area plan and implements the recommendations made in its previous redesignation report from the department.

BDS seeks information from the following sources to ensure that the requirements outlined in 1-9 (above) are being met:

- 1) Public comments generated by, self-advocacy groups, and the family support council regarding the area agency's demonstrated ability to provide local services and supports to individuals and their families;
- 2) A comprehensive self-assessment of the area agency's current abilities and past performance;
- 3) Input from a wide range of people, agencies, or groups who are either recipients, providers, or people who collaborate in the provision of services and supports;
- 4) Documentation pertaining to area agency operations available in the area and at the department; and,

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

5) Input from department staff who have direct contact with and knowledge of area agency operations.

Based on the information gathered through the redesignation process, BDS has determined that MDS met the standard for redesignation. MDS is redesignated for the next 5 years in accordance with He-M 505.08.

Sincerely Yours,



Sandy L. Hunt
Bureau Chief
Bureau of Developmental Services

cc.

James Schofield, MDS Board President
Lori Shabinette, Commissioner, Department of Health and Human Services
Deborah Scheetz, Director, Division of Long Term Supports and Services
Jennifer Doig, Finance Administrator, Bureau of Developmental Services
Melissa St. Cyr, Chief Legal Officer

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

Executive Summary

In accordance with State of New Hampshire Administrative Rule He-M 505 Establishment of Area Agencies, review of an area agency (AA) occurs upon application and thereafter every five years. The purpose of He-M 505 is to define the criteria and procedures for approval and operation of state designated area agencies. A redesignation review of Monadnock Developmental Services in Keene, NH occurred between November 1, 2019 and April 1, 2020. The review team included staff from the Department of Health and Human Services (DHHS), the Division of Long Term Supports and Services (DLTSS), the Bureau of Developmental Services (BDS) and the Office of Improvement, Integrity and Information (OIII).

The Summary of Redesignation Activities, Findings and Observations references the following sources of information:

- Area Agency 2019 Annual Governance Audit
- Area Agency Financial Condition with Five-Year Trend Analysis
- Compliance with DHHS Program Certification Requirements
- Compliance with Family Centered Early Supports and Services (FCESS) Requirements
- Compliance with Medication Administration and Health Care Coordination Requirements
- Compliance with Requirements for Employment Supports for Individuals
- Developmental Disabilities (DD), Acquired Brain Disorder (ABD) and In Home Support (IHS) Waivers Service File Review Findings
- Summary of Stakeholder Engagement to Include:
 - Family Support Council Questionnaire
 - Individuals and Self-Advocates Redesignation Forum
 - Family and Guardian Redesignation Forum
 - Family and Guardian Redesignation Survey
 - Provider Redesignation Survey

Attachments

- Appendix A: The NH Department of Health and Human Services, Bureau of Developmental Services Regional Governance Audit 2019 Statewide Tally and the 2019 Governance Audit for MDS
- Appendix B: Developmental Services System Annual Report of Financial Condition for FY -2018 with Five-Year Trend Analysis report

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

- Appendix C: Area Agency Certification Statistics from 2015 - 2019
- Appendix D: Extracted and combined pages from the New Hampshire Developmental Services Employment Data reports from BDS Employment Reports dated June 2015, June 2016, Jan-July 2017, June 2018 and September 2019.
- Appendix E: BDS' Service File Review reports for review period April 1, 2019 – June 30, 2019

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

2019 Governance Audit Summary:

Please refer to the NH Department of Health and Human Services, Division of Long Term Supports and Services, Bureau of Developmental Services (BDS) Regional Governance Audit and Statewide Tally for MDS, 2019 (See Appendix A).

Standard	RSA 171A:18 Area Agency Responsibility and Operations He-M 505 Establishment and Operation of Area Agencies, and He-M 519 Family Support Services Contract, Exhibit A, Section 2: Scope of Services
Status	Met

Findings:

The BDS annual Governance Audit for 2019 measures area agency compliance with 23 indicators found in RSA 171-A, RSA 126-A, RSA 126-G, He-M 505, and He-M 519 and the contracts between the area agencies and the Bureau of Developmental Services. MDS distinguished themselves by being rated as “Met” in all categories.

New to the Governance Audit in 2019 was a change to the ratings structure. There is no longer a “substantially met” rating. Area agencies either received a rating of “met” or “unmet”. Also new in 2019 was the measurement of the area agencies’ compliance with the reporting requirements as identified by the 2018 Office of the Inspector General report regarding reportable incidences (RSA 126-A:4 and section 1.5 of the contract between MDS and BDS). In addition, the 2019 audit also requested information regarding compliance with the requirement of the area agencies to have a memorandum of understanding with the local community mental health centers (sections 2.5.1 through 2.5.6 of the contract between MDS and BDS). MDS was rated as “met” in both of these areas.

Over the preceding five years, MDS has demonstrated a high rating in the following areas:

- An excellent area plan that is well developed with specific areas of focus, which include plans for measuring outcomes.
- Demonstrated excellence in communication with provider agencies to include frequent contacts on a variety of platforms.

Remediation:

None Required

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

Compliance with Area Agency Financial Condition
DHHS, DLTSS, BDS: Bureau of Improvement and Integrity

Please refer to the Developmental Services System Annual Report of Financial Condition for FY 2018 with Five-Year Trend Analysis report (See Appendix B).

Standard	Contract, Exhibit A, Section 2.12: Maintenance of Fiscal Integrity
Status	Met

Findings:

The contract between the Bureau of Developmental Services and the area agency requires the contractor to have enough cash and cash equivalents on hand to cover expenditures for a minimum of thirty (30) calendar days (Exhibit A, Section 2.12.2.1 c.). The chart below demonstrates MDS' level of compliance with this requirement over the past five years. This data is cited from the monthly maintenance of Fiscal Integrity Analysis required per the contract (section 2.12).

Days of Cash on Hand	06/30/2015	06/30/2016	06/30/2017	06/30/2018	06/30/2019
<i>(based on 365 days)</i>	26	10	33	36	33

The Agency was in compliance with the contract for the fiscal years ending 2017, 2018 and 2019 as shown above. This financial analysis shows an upward trend of compliance since FY 2016.

The current ratio is an indication of a firm's liquidity. Liquidity refers to the entity's ability to maintain sufficient liquid assets, such as cash and accounts receivable, to meet its short-term obligations. As depicted in the chart below, MDS has a healthy current ratio. It has been steady since June 2015.

Current Ratio	06/30/2015	06/30/2016	06/30/2017	06/30/2018	06/30/2019
	1.44:1	1.71:1	1.74:1	1.84:1	1.68:1

MDS has maintained a healthy surplus over the last four fiscal years as reflected in the chart below.

Surplus (Deficit)	06/30/2015	06/30/2016	06/30/2017	06/30/2018	06/30/2019
	(\$580,103)	\$440,991	\$201,795	\$209,383	\$372,379

Remediation:

None

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

Compliance with DHHS Program Certification Requirements
Office of Legal and Regulatory Services/Health Facilities Administration
Calendar Year 2015 through September 2019

Please refer to the Area Agency Certification Statistics Calendar Year 2015 through September 2019 report (See Appendix C).

Standard	He-M 1201 Medication Administration He-M 1001 Certification Standards for Developmental Services He-M 507 Certification for Community Participation Services He-M 506 State Qualifications and Staff Development Requirements for Developmental Services Agencies He-M 503 Eligibility and the Process of Providing Services He-M 310 Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community RSA 171-A Services for the Developmentally Disabled Contract, Exhibit A, Section 1: Provisions Applicable to all Services
Status	Met

Findings:

In the chart below, overall the certification statistics for Monadnock Developmental Services have remained fairly stable over the past 5 years. Although the yearly deficiency average per review has gone from a low of 2.08 to a high of 3.55, the average number of deficiencies per review over this five-year period was 3.04, which is in line with the statewide average of 2.93 over that same period of time.

	2015	2016	2017	2018	2019 (as of 10/18/2019)
REVIEWS	117	102	138	118	108
# DEFICIENCIES	327	378	287	400	384
AVG # DEF. PER REVIEW	2.79	3.70	2.08	3.39	3.55
ABBREVIATED	0	0	0	4	6
NEW	33	23	65	24	20
ANNUAL	54	59	50	57	61
BIENNIAL	31	30	23	39	20
FOLLOW UP	0	1	0	1	0
SKIP	0	0	0	0	1
He-M 310	3	23	8	16	13
Me-M 503	13	26	22	55	37
He-M 506	6	4	8	13	8
He-M 507	6	65	42	33	31
He-M 1001	65	187	141	196	228
He-M 1201	7	34	41	56	53
RSA 171-A	5	14	20	19	7

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

Certification Analysis and Summary:

Beyond the basic statistics, the information below is a breakdown of MDS' data into the ten most frequently cited He-M's and RSA's, as follows:

#10 – He-M 1001.03(u)(3) (formerly He-M 1001.03(o)(3)): This rule indicates that “each community residence shall have an integrated, hard-wired fire alarm system with a detector in each bedroom and on each level of the home, including the basement and attic if the attic is used for living or storage space. All detectors must be replaced every 10 years”.

- This issue was cited 40 times over the past 5 years.

#9 - He-M 503.10(m)(1): This rule indicates that “a person responsible for implementing any part of an expanded service agreement, including goals and support services, shall collect and record information about services provided and summarize progress as required by the service agreement or, at a minimum, monthly”.

- This issue was cited 46 times over the past 5 years.

#8 – He-M 1001.06(x): This rule indicates that “if a community residence for 3 or fewer individuals has been evacuated in 3 minutes or less during each of 6 consecutive monthly drills, one of which has been a sleep-time drill, the residence thereafter shall conduct a drill at least once quarterly, with one drill per year to be during sleep hours”.

- This issue was cited 46 times over the past 5 years.

#7 - He-M 1001.07(b): This rule indicates that “a behavioral change program or any form of restrictive strategy shall only be implemented by a community residence when such has been approved in writing by the individual, his or her guardian, the individual's team, and the area agency's human rights committee, established pursuant to RSA 171-A:17.

- This issue was cited 47 times over the past 5 years.

#6 - He-M 507.08(e)(2): This rule indicates that “the service component of each individual's record shall include, as a guide for planning activities, an individual, week-long, personal schedule or calendar that is created at the time of the annual service planning meeting”.

- This issue was cited 53 times over the past 5 years.

#5 - He-M 310.03(b)(4): This rule indicates that “Provider agencies shall advise individuals or their guardians or representatives of individual's rights upon initial participation in any service, upon any change in provider agency or community residence, and at least once per year after initial participation”.

- This issue was cited 58 times over the past 5 years.

#4 – He-M 506.05(a): This rule indicates that “each person employed by a provider agency shall participate in the writing and implementation of an individual staff development plan with his or her supervisor at least annually”.

- This issue was cited 59 times over the past 5 years.

#3 – He-M 507.08(e)(3): This rule indicates that “the service component of each individual's record shall include a record of daily community participation services activities maintained by the provider agency”.

- This issue was cited 79 times over the past 5 years.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

#2 - RSA 171-A:11, I(a): This rule indicates that “the needs and services of every client in the service delivery system shall be subject to a periodic review under the supervision of the administrator, which shall include, but not be limited to, a thorough clinical examination, including an annual health assessment”.

- This issue was cited 104 times over the past 5 years.

#1 - Formerly He-M 1001.03(k)(1): This rule has now been broken down into a number of specific deficiencies, as the previous rule simply indicated that “living space must be arranged and maintained to support the health and safety of all household members, as follows: each community residence shall be maintained in good repair and free of hazard to household members”.

- This issue was cited 150 times over the past 5 years.

Some of the certification trends and observations that DHHS sees in this region are as follows:

- With the exception of a higher number of He-M 503 deficiencies in 2018, the deficiency numbers have remained mostly consistent in all other years.
- Regarding He-M 507, there was a fairly significant jump in deficiencies from 2015 to 2016, but the number has continued to decrease over the past 3 years.
- The He-M 1001 deficiency number has continued to increase for each of the past 2 years, going from a low of 141 in 2017 to high of 228 so far this year.
- The He-M 1201 deficiencies have increased each year from 2015 to 2018, with this year trending higher than last year, as the 2019 data includes only those homes reviewed prior to 10/18/2019. MDS and a few of their vendors have struggled with nurse trainer retention over the last several years.
- Although their 5-year deficiency average is in line with the state average, the yearly average has increased each of the past two years.
- There continues to be significant turnover with MDS and Monadnock Worksource program managers, making it difficult to have consistent certification review results at their locations.
- Although MDS deals with several vendor agencies, DHHS is seeing the most consistent results at the Chesco certification reviews. They typically have very few deficiencies, and they are always well prepared for their reviews with DHHS.
- MDS has transferred a number of their programs to Crotched Mountain over the past few years and those homes appear to be running smoothly after those transitions.
- MDS has had very stable service coordinator retention compared to several other area agencies around the state.
- There was a point several years ago where MDS was struggling with an increasing number of training deficiencies; however, the introduction of Relias appears to have corrected that issue. MDS attributes this to their initiative in purposely combining oversight of quality compliance and training. This includes monitoring of the Relias program and enhanced involvement in program training needs, within both MDS programs as well as other agencies.

Remediation:

None Required

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

Compliance with Family Centered Early Supports and Services Summary
DHHS, DLTSS, Bureau of Family Centered Services
Fiscal Years 2015, 2016, 2017, 2018 and 2019

MDS contracts with the Bureau of Developmental Services (BDS) to provide Family Centered Early Supports and Services (FCESS) to children from birth to three years of age in Region 5. MDS contracts with two FCESS programs, MDS Birth to Three (MDS) and Rise for Baby and Family (Rise) each of whom provide a portion of the FCESS services to children and families within the region. An area agency (AA) FCESS Regional Coordinator is designated at the AA as the responsible party to supervise the FCESS programs. MDS has varied their level of oversight and collaboration with the FCESS programs throughout the past 5 years, as summarized within this report.

Standard	He-M 510 Family-Centered Early Supports and Services Contract, Exhibit A, Section 4: Family Centered Early Supports and Services
Status	Met

Findings:

The AA has provided quarterly meetings with FCESS programs as needed. The AA participates in monitoring for both FCESS programs serving children 0-3 years old, who live in region 5. Area agency and program staff are cooperative and consistently use feedback from State monitoring reviews for program improvement. When requested, documentation is provided in a timely manner. For the five years included in this summary, there have been no formal complaints or disputes for FCESS programs in this region.

The Rise FCESS program director retired in the end of FY18. The new Rise director began during the beginning of FY19 and has made a significant improvement to the program following a variety of He-M 510 violations during the FY18 State monitoring visit. Along with the new director, the AA has increased their oversight of the FCESS programs through virtual and random on-site visits for monitoring compliance throughout the year. They also conduct regional quarterly meetings and provide required Procedural Safeguard trainings as well as background checks. The heightened AA involvement has increased regional collaboration between the FCESS programs and the AA throughout the year.

Licensure for MDS FCESS program staff are consistently up to date. Professional development plans for staff are consistent with the state standards. For the past five years, all required trainings have been completed for all staff working in the MDS FCESS program. Licensure for Rise FCESS program staff are consistently up to date with the exception of FY18. During the FY18 State monitoring, it was discovered that one staff member did not have a required license to be conducting eligibility evaluations or IFSP development. This same provider as well as another provider, did not receive the required on-site supervision in order to provide services as an unlicensed staff. Professional development plans for staff are consistent with the standards of our system. For the past five years, all required trainings have been completed for all staff working in the Rise FCESS program with the exception of FY18. At that time, it was discovered that two staff did not complete the required Service Coordinator training, “WESS Orientation,” to provide and bill for service coordination activities.

Several compliance indicators are monitored annually on site, with on-site and data system follow up as needed, and/or through virtual desk audits.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

- Indicator 1 monitors the timely provision of services to children and families. Both MDS and Rise FCESS programs have maintained 100% compliance with this indicator for the 5 years summarized in this report.
- Indicator 2 monitors the provision of services in the child’s natural environment(s). Both MDS and Rise FCESS programs have consistently provided services in the child’s natural environment and within the parameters allowed for this indicator, for the five years summarized in this report.
- Indicator 7 monitors the 45-day timeline covering the time span beginning with the referral of a child to the AA FCESS through family consent to a completed Individual Family Support Plan (IFSP). Both MDS and Rise have achieved 100% compliance for the past five years for this indicator.
- Indicator 8 monitors the quality and timeliness of transitions for children from the Part C FCESS system to their local Part B Preschool Special Education program. For this indicator there are three subcategories of compliance.
 - 8a. MDS achieved 100% compliance for the past five years because all children transitioning to Preschool Special Education had transition plans completed within the expected timeframe with the exception of FY15 when follow-up was needed. In FY15, the program achieved 100% compliance within the 90 day allotted time to correct discoveries of noncompliance. Rise achieved 100% compliance with this indicator with the exception of FY19 where follow-up was needed. In FY19, Rise achieved 100% success within the 90 day allotted time to correct discoveries of noncompliance. No findings of noncompliance have been issued against the program.
 - 8b. The MDS program maintained 100% compliance of notifications to both the local education agency (LEA, Preschool Special Education Programs) and the state education agency (SEA, Department of Education) according to compliance guidelines for the past 5 years. The Rise program maintained 100% compliance with timely notifications to the LEA for the past 5 years and achieved 100% compliance for notifications to the SEA with the exception of FY18. In FY18 Rise achieved 100% success within the 90 day allotted time to correct discoveries of noncompliance for SEA notifications. No findings of noncompliance have been issued against the program.
 - 8c. During the five years summarized in this report, both MDS and Rise FCESS programs were 100% compliant with requirements to schedule transition conferences and inviting school staff.

Although both MDS and Rise FCESS programs achieved 100% compliance with each indicator above during the five years summarized in this report, both programs engaged in a required Corrective Action Plan (CAP) due to findings of noncompliance within other He-M 510 rules and regulations.

Following FY15 Monitoring, MDS was issued a finding of noncompliance due to a violation of He-M 510 multidisciplinary team requirement (IFSP meetings require a FCESS team of two professionals from two disciplines). The MDS program in collaboration with the AA engaged in a required corrective action plan (CAP) and corrected the program practices to meet the requirements of He-M 510. MDS completed the FY15-16 CAP and no further findings have been issued.

Following FY18 monitoring, Rise was issued a finding of noncompliance due to a violation of He-M 510 license requirements and service coordination training requirement. This violation of He-M 510 included Medicaid payback due to billing service coordination activities by an unauthorized provider. This monitoring period also revealed that criminal background checks for new FCESS staff had not been conducted.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

The Rise program in collaboration with the AA engaged in a CAP. Throughout FY19, the new program director and the AA worked collaboratively to address the CAP and implemented a process to ensure that no further violations would happen. Rise completed their FY18 CAP and no further findings have been issued.

MDS has an AA/FCESS Regional Coordinator who participates in monitoring of quality and compliance of the two contracted FCESS programs. Each year the area agency and program staff have worked cooperatively with the Part C office staff to maintain quality and compliance for FCESS programs. There have been no formal complaints or disputes for FCESS programs in this region. When requested, documentation and follow up was provided in a timely manner.

Family Outcome Summaries (FOS) are used to assess quality of services for families served by the FCESS programs. Both MDS Birth to Three and Rise for baby and family have consistently received positive evaluations of services as measured by the FOS. Families report that the programs in region 5 have helped them to understand their rights, communicate their child's needs and help their child to grow and learn.

MDS provides consistent quality and compliant services for the FCESS system through their programs. AA supervision has increased this past year due to noncompliance areas identified in FY18. The programs and area agency work as a collaborative team to serve children and families in the region effectively.

Remediation:

None Required

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

Compliance with Medication Administration and Health Care Coordination Summary
DHHS, DLTSS, BDS Nurse Administrator
Fiscal Years (FY) 2015 – 2018

MDS has a mixed model of Nurse Trainers that work in partnership to meet the medication administration and health care coordination needs of the individuals that are served by this area agency. This model includes Registered Nurses employed by MDS and Registered Nurses working directly for vendor agencies. Together, these nurses provide ongoing training, oversight and compliance of the He-M 1201 regulations regarding healthcare coordination and medication administration by non-licensed staff.

As outlined in He-M 1201.06, Nurse Trainers are responsible for delivering the State of New Hampshire's approved education for medication administration to non-licensed providers and observing medication administration as part of the initial certification and annual renewal of all medication-trained staff. Nurse Trainers work in collaboration with vendor agencies, program managers, service coordinators, residential staff, home care providers, day program staff, and direct support professionals to provide a multi-disciplinary approach to the healthcare of the individuals served. The collected data, service considerations and other key elements that contribute to an individual's overall health care status are captured in the Health Risk Screening Tool (HRST). The HRST is designed to detect those who are at risk for destabilization and intended to assist in preventing rapid decompensation. Nurse Trainers are both raters and clinical reviewers within this system; they input data and are also responsible for reviewing some of the ratings assigned by service coordinators. When an individual is identified with a health care level of three or higher on the Health Risk Screening Tool scale, which ranges from one to six, a clinical review by the nurse trainer is required. This ensures that accurate information is available within the system and that appropriate oversight and interventions are initiated for the individual identified as being at risk.

In accordance with He-M 1201.11, a medication committee is appointed by the Bureau Administrator. The medication committee includes the Medical Director of the bureau or designee, two Registered Nurses from provider agencies, two non-nurse representatives from provider agencies and a representative from the Bureau of Development Services. Nurse Trainers compile all medication error reports and submit a summarized six-month report to the medication committee for review twice each year. The information captured in these reports identifies trends of errors, corrective action or approaches taken, systemic issues and actual or potential harmful outcomes. The medication committee responds to each submitted report with a letter outlining concerns, feedback and expectations of the area agency regarding medication administration. Then, in turn, the area agency submits a response and acknowledgement to the committee's letter. By comparing previous submitted reports to the most current, the medication committee is able to measure growth and capture ongoing themes as they occur.

Monadnock Developmental Services currently has one non-nursing representative on the Medication Committee. MDS holds semi-annual Nurse Trainers meetings each year that are open to all nurse trainers working in Region Five. Last year, the lead Nurse Trainer at MDS attended the annual Developmental Disabilities Nurses Association conference and was the liaison to the New Hampshire chapter of Developmental Disabilities Nurses Association. There are several nurse trainers working for MDS or associated vendor agencies within Region Five that are active members of this chapter and are participants in offered healthcare focused trainings and advocacy opportunities. The findings support that MDS is meeting the He-M 1201 standard. Trends have been accurately identified by MDS with appropriate correction action steps quickly following. The additional supports and education that had been applied to address such trends were effective as evidenced by trend improvements outlined in the subsequent reports.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

Standard	He-M 1201 Medication Administration Contract, Exhibit A, Section 1: Provisions Applicable to all Services
Status	Met

Summary of Findings:

FY 2015 Medication Administration Outcomes: Monadnock Developmental Services submitted two reports, each of which covered six months of FY 2015.

Report One: September 1, 2014 - February 28, 2015

- This report outlined 737 medication errors with a total of 321,880 prescribed doses. This is an error to dosage ratio of 0.0022.
- 305 of these errors were identified as wrong dosage of a medication. The report spoke to this trend by explaining that there were two programs that experienced a wrong dosage error, secondary to a dosage change that was missed, and those errors went undiscovered for several weeks. There were no negative outcomes to either of the individuals that were prescribed the medications. Corrective action to address this trend was implemented by reinforcing the significant need for and expectation of a three-check system to be in place for all medication orders.
- All reports were submitted to the area agency in compliance with due dates.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

Report Two: March 1, 2015 – August 31, 2015

- This report outlined 360 medication errors with a total of 324,831 prescribed doses. This is an error to dosage ratio of 0.0011. This was nearly a 50% reduction in medication error occurrences from the previous six-month report.
- The highest trend seen in this report was with medication omissions. 175 medication errors were cited as a medication omission. This was most frequently the outcome of medication refills not being available to the providers for various reasons. The nurse trainers had since emphasized the importance of a systematic refill process to obtain the necessary medications in advance of supply depletion.
- The area agency attributed the decrease in medication errors to better oversight in programs and increased staff/provider understanding and accountability.
- The reports were not submitted timely for this timeframe.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

FY 2016 Medication Administration Outcomes: Monadnock Developmental Services submitted two reports each covering six months of FY 2016.

Report One: September 1, 2015 - February 28, 2016

- This report outlined 524 medication errors with a total of 322,563 prescribed doses. This is an error to dosage ratio of 0.0011.
- There were two outstanding categories that revealed trends in this data and accounted for 357 of the 524 errors.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

1. Omission of medications occurred for 157 doses of medications. This continued to be resulting from delays in refilling medications. The area agency identified the need to have two staff overseeing medication refills and monitoring medication supplies.
 2. Documentation errors accounted for 200 medication errors. This came in the form of not properly documenting medication changes, omissions of documentation of effectiveness of PRN medications and incomplete documentation of medication orders. Reinforcement and retraining of some provider staff took place around documentation expectations. Unannounced site visits were also initiated to check on documentation in medication logs.
- There was improved compliance with timeliness and in completion of required forms for the medication report.
 - Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

Report Two: March 1, 2016 - August 31, 2016

- This report outlined 516 medication errors with a total of 314,088 prescribed doses. This is an error to dosage ratio of 0.0016.
- Overall, the total number of prescribed doses decreased but the errors stayed about the same as the previous report.
- The same trends were seen. Process improvements continued.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

FY 2017 Medication Administration Outcomes: Monadnock Developmental Services submitted two reports each covering six months of FY 2017.

Report One: September 1, 2016 - February 28, 2017

- This report outlined 421 medication errors with a total of 318,208 prescribed doses. This is an error to dosage ratio of 0.0013.
- There were two outstanding categories, which revealed trends in this data and accounted for 357 of the 421 errors. These were the same two areas of concern from FY 2016.
 1. Omission of medications occurred for 142 doses of medications. This continued to be resulting from delays in refilling medications. The topic was raised again to look at suggestions for improving this process and identify exactly where delays are happening. It was discovered that physicians were being contacted before the medication ran out but there was then often a delay in their response to order the refill.
 2. Documentation errors accounted for 115 medication errors. This came in the form of not properly documenting medication changes, omissions of documentation of effectiveness of PRN medications and incomplete documentation of medication orders. Reinforcement and retraining of some provider staff took place around documentation expectations. Unannounced site visits were taking place and did result in faster discovery of documentation errors as well as an improvement in occurrence.
- One of the involved agencies held a meeting with program managers, nurse trainers and representation from MDS to brainstorm root causes of medication errors and prevention methods.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

Report Two: March 1, 2017 - August 31, 2017

- This report outlined 383 medication errors with a total of 345,286 prescribed doses. This is an error to dosage ratio of 0.0011.
- There was a significant increase in the total number of doses during this reporting period. However, the overall number of errors decreased.
- The areas of trends still demonstrated needs for improvement with omission and documentation but both areas did show improvements over the previous report.
- Thirteen out of twenty provider agencies reported fewer errors than the previous reports or remained at zero errors.
- Reports coming from MDS continued to be precise, accurate and timely.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

FY 2018 Medication Administration Outcomes: Monadnock Developmental Services submitted two reports each covering six months of FY 2018

Report One: September 1, 2017 - February 28, 2018

- This report outlined 290 medication errors with a total of 322,254 prescribed doses. This is an error to dosage ratio of 0.0008.
- Significant decrease in overall total errors. There were fewer overall doses than previous report but the overall ratio still improved.
- Trends of omission and documentation themes continue to account for the majority of errors, however, the number of occurrences continued to trend in a positive direction.
- Poor compliance with timeliness of forms from some vendors to area agency. Reinforcement and reeducation regarding timelines went out from MDS to address this with all providers.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

Report Two: March 1, 2018 - August 31, 2018

- This report outlined 628 medication errors with a total of 338,315 prescribed doses. This is an error to dosage ratio of 0.0019.
- This report demonstrated that there was a significant increase in documentation errors. Of the 628 overall errors, 401 were documentation errors.
 1. In this report, there were several errors that went unnoticed for an extended period of time. This resulted in multiple doses being affected and therefore, very high numbers stemming back to one documentation error. MDS provided remedial training with mandatory attendance for all providers to address the three-check system. Additional unannounced visits were initiated once again.
 2. Many new staffing changes occurred during this time period and at times, staffing shortages.
- The number of actual omission errors decreased in this report.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

FY 2019 Medication Administration Outcomes: At the time of this report, Monadnock Developmental Services had submitted one report covering six months of FY 2019.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

Report One: September 1, 2018 - February 28, 2019

- This report outlined 343 medication errors with a total of 338,794 prescribed doses. This is an error to dosage ratio of 0.0010.
- A significant decreased was noted in the documentation errors in this report. It went down from 401 to 99 occurrences. The total number of doses to be administered remained consistent with the last report.
- All forms were submitted to the area agency within the timeframe given for submission.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

Remediation:

None required

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

Compliance with Employment Supports for Individuals Summary
DHHS, DLTSS, BDS Administrator of Employment Support
Fiscal Years 2015-2018

In accordance with He-M 518, area agencies must make employment services available to individuals served in their region and must report quarterly data using the Employment Data System (EDS).

Please refer to the reports entitled: BDS Employment Reports June 2015, June 2016, Jan-July 2017, June 2018 and September 2019 (See Appendix D).

Standard	He-M 518 Employment Services Contract, Exhibit A, Section 2.7: Employment Data System (EDS)
Status	Met

Findings:

According to the data reports referenced above, Monadnock Developmental Services (MDS) was ranked as follows for individuals employed (21-64 years old, excluding self-employment):

	Rank	% of Individuals Employed
June 2015	4th	40.20%
June 2016	5th	42%
June 2017	Not Available	Not Available
June 2018	6 th	36.77%
Sept 2019	4 th	Not Available

According to the Employment Data Reports referenced above, MDS was ranked as follows for average hours worked per week by job and average hourly wage per job.

	Average Hours Worked Per Week	Average Hourly Wage per Job
June 2015	9.92	\$8.23
June 2016	11.38	\$7.98
June 2017	12.4	\$8.80
June 2018	9	\$8.25
Sept 2019	11.3	\$9.02

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

MDS is in compliance with contractual requirements for entering employment data in the NH Leads Database (EDS). According to the EDS Data Administrator, improvements have been noted for FY19 and FY20 in the efforts made to update information on a regular basis.

MDS also participates in the Project SEARCH program, a unique, business led, one year, school-to-work program that takes place in the workplace through a series of internships that are designed to teach marketable skills that will transfer to a variety of employment settings. The program provides a comprehensive approach to employment training and career advancement for individuals with developmental disabilities. MDS has partnered with Cheshire Medical Center/Dartmouth Hitchcock-Keene, Vocational Rehabilitation and the local school districts since 2011. The program has a 90% rate of employment for graduates.

Class Year	Number of Graduates	Number of Graduates Who Became Employed After the Program
2011	4	2
2011-2012	7	6
2012-2013	6	5
2013-2014	7	7
2014-2015	6	6
2015-2016	6	6
2016-2017	5	5
2017-2018	7	7
2018-2019	6	5
Total	54	49

MDS stands committed to support individuals to become employed. Service agreements contain a Vocational History form for each individual, which is not a requirement. This further highlights their commitment to supporting and empowering individuals to work.

Remediation:

None Required

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

**Developmental Disabilities (DD), Acquired Brain Disorder (ABD) and In Home Support (IHS) Waivers
 2019 Service File Review Findings**
Bureau of Developmental Services Program Planning and Review Specialist

Service review audits are part of an evolving annual quality review process developed by the Bureau of Developmental Services (BDS) to monitor compliance with New Hampshire’s Home and Community Based Services waivers.

Area agencies prepare a self-assessment review of randomly selected files, which consist of Developmental Disability (DD) Waiver, Acquired Brain Disorder (ABD) Waiver and In Home Support (IHS) Waiver service files. The Bureau of Developmental Services then completes an onsite review of the files and self-assessment information.

The Service File Review process includes a review of the following for each record:

- Service agreements for the review period and year prior as well as amendments and supplemental forms.
- Progress notes from the review period.
- Service Coordination contact notes from the review period.
- Documentation of all visits to the home by the Service Coordinator as outlined in the Service Agreement(s).
- Individuals’ budgets for the review period and the budget from the year prior.
- Services billed to Medicaid during the review period.
- Prior Authorizations during the review period.
- Invoices to support Medicaid billing during the review period.
- Any other data to support responses on the self–assessment form.

In addition, the area agencies prepare a Summary at a Glance, which notes self-evaluated strengths, areas needing improvement, lessons learned and systemic barriers that have affected service provision. In addition, these summaries include:

- Total number of individuals served by the agency specific to each waiver;
- Summary of the File Review and Post Payment Review, by specific waiver;
- Any plans of correction as a result of the review.

Please refer to BDS’ Service File Review reports for review period April 1, 2019 – June 30, 2019, Appendix E.

Standard	He-M 505.08 Redesignation
Status	Met

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

Findings:

A self-assessment review was completed by MDS for 55 records, which consisted of 25 Developmental Disability (DD) waiver service files, 5 Acquired Brain Disorder (ABD) waiver service files and 25 In Home Support (IHS) waiver service files, covering the service period of April 1, 2019 to June 30, 2019. In addition, the Bureau of Developmental Services completed an onsite review of MDS' findings. The following information was indicated:

Summary of Findings

- All Service Agreements reviewed were renewed within one year or contained a signed amendment to extend the service agreement.
- All files reviewed showed evidence of person-centered planning as the Service Agreements were developed in accordance with the individuals' interests, preferences and needs.
- All files reviewed included a Health Care Level based on the Health Risk Screening Tool (HRST).
- All DD and ABD Service Agreements reviewed documented a meaningful conversation around assistive technology.
- All Service Agreements reviewed included documentation of satisfaction.
- All Service Agreements reviewed listed specific support services to be provided under each service category.
- All Service Agreements reviewed included goals as well as the frequency, duration and necessary documentation to describe progress.
- All DD and ABD files reviewed contained progress notes for the audit period.
- All DD and ABD files reviewed showed evidence of monthly contact from the Service Coordinator.
- All files reviewed demonstrated that the individual and/or other individuals involved in his/her life were part of the service planning process.

Systemic Barriers

- MDS recognizes that the lack of a robust workforce pool in their region has impacted service coordination and individual programs. Lack of applicants and low wages often result in high turnover for Service Coordinators as well as for staff working with families. Inconsistent documentation and follow-through as well as under-utilization of services are often the result.
- MDS reported that their IHS Coordinator position was vacant during the audit period, 4/1/2019 – 6/30/2019. The responsibilities associated with this position were reassigned for coverage; however, this affected the overall workflow of the Children's Department.
- MDS has also reported that they lack a database from which information can be pulled and tabulated. Such an enhancement would allow them to gather data quickly, create fewer errors and enhance oversight.
- MDS has worked diligently to ensure that all Supports Intensity Scale (SIS) assessments are completed within timeframes, however, limited accessibility to interviewers in their region often creates a challenge and greatly impacts timeframes.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

Self-Assessed Lessons Learned and Enhancements

- MDS reports that they have improved their tracking and documentation of home visits since the 2018 BDS File Review.
- MDS also notes that while progress notes were present for all files reviewed, they will continue to emphasize the need for improved detail within the notes. They have provided training around oversight of this documentation to their Service Coordinators.
- The HRST Service Agreement template has check boxes to indicate if there is a need for guardianship or if there are services needed but not available. MDS will request that their Service Coordinators ensure that there is also documentation within their notes regarding these discussions.
- Families find it difficult to attend in-person trainings for numerous reasons. MDS intends to begin offering trainings online. Training logs have also been developed and are provided to families to enhance tracking.
- A new tracking sheet for PDMS quarterly satisfaction was developed and implemented so that the Service Coordinator can follow up with a family when this information has not been received.
- Most IHS Service Agreements reviewed were extended beyond 12 months during the review period. MDS has implemented a system to track timeframes for Service Agreements to ensure that they are completed within 12 months whenever possible.
- The majority of the IHS programs underspent their budgets by 25% or more for two years primarily due to staffing shortages. When appropriate, budgets are updated to reflect the ongoing service needs.
- Additional staff have been on-boarded in the Children's Department to assist with tasks such as tracking monthly attendance sheets, tracking receipt and quality review of monthly progress notes, mailing of monthly budget reports, satisfaction feedback and finalizing Service Agreements.
- MDS intends to align their Participant Managed and Directed Services (PDMS) Unit and In Home Supports/Children's Department in order to standardize practices between these two self-directed program units.
- A new electronic service log has been implemented which has enhanced the overall thoroughness, consistency and quality of this documentation.
- A new quarterly review form is being used to document satisfaction and if services and goals meet the needs and interests of the individual.

Remediation:

None Required

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

Stakeholder Feedback Findings

BDS Program Planning and Review Specialist
October 2019 – February 2020

In accordance with He-M 505.08(f) as part of the redesignation process, the Department of Health and Human Services sought feedback from a variety of stakeholders. Methods for engagement include questionnaires, in-person forums and online surveys. The feedback provided is included in the following sections.

Family Support Council (FSC) Redesignation Questionnaire Responses

As outlined in He-M 519.06 the area agency is required to have a Family Support Council (FSC). It is part of the FSC's role to make recommendations to the area agency with regard to their strategic plan as well as the utilization of respite. In accordance with He-M 505.08, the FSC was asked to respond collectively to the following questions. The responses are included below, as written by the FSC:

1. What level of involvement do you have in the development of the Area Agency's Strategic Plan?

The Family Council (FC) Chair brings to the MDS Strategic Plan meetings the concerns of the families as well as those of the Council. The Chair is present to ensure an inclusive view of [the] family's needs are presented for incorporation into the Plan.

2. How is the council kept informed of issues and changes pertaining to Family Support or any other regional and statewide changes in laws or services?

The current Chair of the council sits on the State Quality Council and the State Family Council. She brings back information to the council. In addition, our Legislative Liaison reports to the council monthly. We receive important bill information and which bills need support from families to get it passed. In the future, the Family Coordinator will be briefing us too.

3. Briefly describe any outreach activities of the council as they relate to informing and assisting the community on ways to include individuals with disabilities in full participation in their communities.

The FC each year plans outreach events and participates in events by sponsoring events. Once a quarter we have family events such as renting the YMCA (access to pool, basketball courts, rock wall...), family picnic and new to this year drumming. We are sponsors to MDS Run, Walk, Smile 5K. We maintain a Facebook page and provide education opportunities to our families.

4. Does the area agency share with you any information (such as survey results) it has compiled about quality of services?

Yes, MDS does share the results of various surveys they have done on quality. However, we are not aware of MDS having done any recent surveys.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

5. Are you given an opportunity to help improve these services?

Yes, MDS and the FC work closely together to help improve on the supports and services as families have reported their concerns.

6. Do you have an understanding of and input into the overall family support budget and have control of the council allocation?

The FC Chair, FC Treasurer, Executive Director and Budget Director have a budget. Once the fund for the budget is allocated the FC has the sole responsibility to spend down the budget.

7. How would you describe the council's relationship with the area agency?

The FC has a good relationship with the area agency. MDS is supportive of the council's needs and concerns. The FC liaison to the MDS board has been made a permanent member position. The Liaison keeps the flow of information between the MDS board and the FC. This is a valuable conduit of information for both groups.

8. What information/educational opportunities does the area agency provide the council about rights and rights protection. (for example, did you have input into the development of the rights manual and its updated; are any council members involved in rights trainings and instructors for individuals, families or area agency/subcontract agency staff)?

The chair is aware that in the past the AA worked with the council to develop the rights manual. The FC is not aware of any updates or training for rights. At this point there are not any council members involved in rights trainings and/or instructors for individual, families or AA staff.

Nor is the council aware of any recent updates.

9. What additional information would like to have on this topic?

We would like a better understanding of the FC family coordinator position. Does the job description match PIH family coordinator position?

10. Do you feel that the activities and contributions of the council are valued by the area agency?

When the FC make suggestions they are quickly considered, work on and most implemented.

11. Would you like to offer any additional comments?

Not at this time.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

Individual and Self-Advocates Redesignation Forum Responses

A forum was held at the Peterborough public library on January 6, 2020, to receive feedback from individuals who receive services. The Bureau of Developmental Services (BDS) facilitated the forum and three individuals who receive services attended.

Overall:

There was general satisfaction with Monadnock Developmental Services (MDS). Themes that emerged from the forum included:

- All of the individuals expressed on numerous occasions that they felt they had choices and that they could request changes and would be listened heard.
- The individuals in attendance felt supported in a number of areas and also felt that they received strong communication from MDS.

The following questions were asked of the attendees. Their answers and comments are noted below.

1. Are you getting the support you need?

	Yes	Sometimes	No	Not Applicable
At home	3			
During the day	3			
At work	2			1
Other places	3			

Comments:

One individual responded that she lives in a town outside of Keene with a home care provider. She feels supported at home. She explained that she does not work, as she is 64 and retired. She goes out and about during the day with her HCP or day staff. Most of her errands are in Keene and she is always able to get there easily. She has a consistent schedule but feels that she can alter it at any time. She goes to church every Sunday.

Another individual stated that she lives in Peterborough on her own. She works at multiple jobs and likes them very much. She is able to get transportation wherever she needs to go.

Another individual shared that she lives outside of Keene with a home care provider. She feels supported at home. She works and feels supported at work and when out with her day staff.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

2. Do you feel like you're part of the community?

- Yes
- Sometimes
- No

Why or why not?

All three participants responded with “yes”. They all stated that they are able to get around fine and feel that they are part of their communities.

One individual stated that there isn't much to do in her town and she usually chooses to go to Keene instead. She goes to church with her family. She works most days and also volunteers at two different locations.

3. Does your service coordinator:

	Yes	Sometimes	No	Not Applicable
Listen to you?	3			
Get back to you when you call?	3			
Help you get what you need?	3			

Comments:

An individual had positive feedback about her Adult Service Coordinator (ASC). She said that her ASC helps her to get what she needs and is good about getting back to her.

Another individual explained that she doesn't know who her ASC is. She calls [Name redacted] when she needs anything. This person always gets back to her and she feels good about this relationship.

Another person said that she knows her ASC and she has been with her for a long time. Her ASC gets her what she needs. This individual had a very positive experience with her ASC recently when she needed assistance with scheduling and paying for dental work.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

4. Are you:

	Yes	Sometimes	No	Not Applicable
Familiar with your service agreement?	3			
Are the goals in it important to you?	3			
Are you regularly working on those goals?	3			

Comments:

One individual said that everyone at MDS helps her to work on her goals. She recently started a goal to lose weight. They helped her to get to the YMCA where she walks around the track to stay in good health.

Another individual works at the hospital, Nursing home and cares for dogs. She feels supported in her goals.

Another individual has a goal to see her grandchildren more. She also has a goal related to her business. She feels supported in all of her goals.

5. Are you:

	Yes	Sometimes	No	Not Applicable
Supported to stay healthy	3			
Make good food choices	3			
Exercising	3			
Getting health checkups etc.	3			

Comments:

Two of the individuals said that they both feel supported to get the right foods, make healthy choices, exercise and get to the doctor. One further said she is supported by either MDS or her HCP. Both said that they are helped by MDS to make appointments.

Another individual said that she has two staff during the day. They walk at the gym and on the rail track when it is nice. She also goes to the senior center. She feels supported to stay healthy and exercise. She has also been going to physical therapy. Her HCP helps her with her physical therapy homework and also packs her a very nice lunch every day.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

6. Do you:

	Yes	Sometimes	No	Not Applicable
Make choices about where you live	2		1	
Who you live with	1		1	1
Where you go	2	1		
Where you work	2			1
Who supports you	2	1		

Comments:

One individual said that she works with a couple of day staff each week. She likes the variety, stating that she doesn't get bored with them. She feels that she has a choice in where she lives, who lives with her, where she goes and who supports her. She chooses not to work.

Another individual said that she likes her staff. They take her grocery shopping and other errands. They drop her off at work. She lives on her own and does not have a roommate. She feels she has choices over where she lives, works and who supports her.

Another individual said she was taken to her current home and didn't feel that she had a choice in her HCP or roommate. She would have preferred live closer to Keene where her family is but she does really likes her HCP. If she wanted to leave, she feels that she would be able to express that and that she would be listened to. She said that she gets to choose her daily schedule sometimes but that she always feels that she can ask for changes to the schedule. She said that she did not choose her staff but feels comfortable asking if she wanted to request a different staff.

7. Are you helped to have friends?

- Yes
 Sometimes
 No

Comments:

All said that they feel supported to maintain relationships with friends. One individual said that she attends a sewing group. She is also supported to visit or call her friends. She does not have a cell phone but has access to two phones at home.

Another individual said that she is originally from down south and has close family in Keene. She is supported to see and call them. Her grandkids in Keene are mostly teenagers and are sometimes hard to connect with.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

8. Are you:

	Yes	Sometimes	No	Not Applicable
Working	2		1	
Do you want to?			1	2
Are you getting help to find work?				3

Comments:

One of the individuals said that she is retired and chooses not to work.

Another said that she is working and likes her jobs. She is not looking for other jobs.

Another said that she likes her job. The staff there help her to learn their [modernization] updates. This is her first job in a long time.

9. Does anyone talk to you about?

	Yes	Sometimes	No	Not Applicable
Your rights as a citizen?	2		1	
Your rights as someone who receives support from an Area Agency?	3			
Do you know whom to call if someone violates your rights?	3			

Comments:

One said that she knows her rights and MDS talks to her about these. She knows she can file a complaint and would call her ASC if she needed to.

Another individual said that no one talks to her about her rights as a citizen but she said she already knows them. She said that she knows that she can talk to someone if needed.

Another individual said that she knows her rights and that she knows she can file a complaint stating that when she is unhappy, "they know it!" She would call either her ASC if there was an issue.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

10. Do the people who support you:

	Yes	Sometimes	No	Not Applicable
Treat you well?	3			
Do they listen to you?	3			
Do they help you get what you need?	3			

Comments:

All said that staff treat them well and that they feel supported. Two of the individuals said that if they needed help during the day, they feel that they could call anytime and would get help quickly.

Another said that she gets help and is treated well by staff, her home care provider (HCP) and MDS. Her HCP got her a new coffee maker for Christmas so that she has her own single serving portions of different flavors.

11. Are you in a self-advocacy group?

- Yes
 No

Two of the individuals said that they are not and stated that they are not interested. Another individual stated that she is not interested because people get, “too bossy”.

12. Would you like to offer any additional comments?

Comments:

One individual stated that everything is great. She wanted to come to the forum to say that she’s very satisfied.

Another said that MDS knows that she would prefer to live in Keene in order to be closer to her grandkids. She doesn’t drive but can always get rides there from her day staff or HCP. Living closer to her grandkids is important to her and she wishes that MDS could find her something in Keene. But still, MDS is very supportive of her business. They help her to find customers and work on her employment-related goals.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

Family and Guardian Redesignation Forum Summary

A forum was held at the Peterborough public library on January 6, 2020, to receive feedback from families of individuals who receive services in Region 5. The Bureau of Developmental Services (BDS) facilitated the forum and two families attended and responded to the questions noted below.

1. Do you or your family member receive the information that is needed from the area agency to make decisions about services and resources?
Yes: 1
No: 1

2. Do you get the information you need about: *(IF APPLICABLE)*
 - Family Support Services (e.g. respite, Emods, advocacy):
Yes: 2
 - Family Support Council:
Yes: 2
 - Employment Services:
No response
 - Waiting Lists:
Yes: 2
 - Transition from High School to adult services:
Yes: 2
 - Support and information at age 14 and older regarding options available upon graduation:
N/A: 2

3. Are the area agency staff responsive? For example do they return your calls in a reasonable amount of time?
Yes: 1
Sometimes: 1

4. Are you, your family member, and other family members and friends encouraged and supported to exercise choice and control over:
 - The planning of services?
Yes: 2
 - Implementation of services?
Yes: 1
Sometimes: 1
 - Managing financial resources?
Yes: 1
Sometimes: 1

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

5. Are you encouraged and supported to get involved in financial decisions regarding your family member's service budget?
Yes: 2
6. Do you feel the Area Agency considers the unique concerns, priorities and resources of your family in providing services?
Sometimes: 1
No: 1
7. Do you think that staff and providers respect your family member's choices regarding
- The services they receive?
Sometimes: 2
 - Who provides the service?
Sometimes: 2
 - Where the services are provided?
Sometimes: 2
 - What goals are pursued in the service agreement?
Sometimes: 2
8. Are you satisfied with the services you and your family member/ward are receiving from the area agency?
If not, what specific improvements need to be made?
Sometimes: 1
Yes: 1
9. Are you satisfied with the health related supports that are provided to your family member by the Area Agency?
Yes: 1
No: 1
10. Are you satisfied with the safety related supports that are provided to your family member by the Area Agency?
N/A: 1
Yes: 1
11. Do you know whom to call if your family member's/ward's rights have been violated or s/he is not receiving the services s/he needs?
Yes: 1
Sometimes: 1 – called with no response.
12. Are you aware of the area agency's complaint process? Yes: 2

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

13. Would you like to offer any additional comments?

One family explained that they are generally satisfied. If not, they ask for a meeting and any issues are resolved. There is not much that can be done about direct service provider turnover. Their biggest question and concern is who will take care of their child as they age.

Another family explained that they were not there to say negative things about MDS. The agency tries their best and there are things that are out of their control, such as staffing, that impacts the responses provided at this forum.

The requirements on the family for Person Directed and Managed Services are a lot for a family to take on, specifically regarding the training of staff and administrative requirements.

Both families felt that wages were too low to compete and that there need to be more entities involved in solutions, short and long term.

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

Family and Guardian Redesignation Survey Summary

BDS conducted a Family and/or Guardian Survey via Survey Monkey and via paper form. Families and/or guardians responded anonymously to this survey. The responses are notes below. Not all will total 100% as the numbers were rounded.

1. Do you or your family member receive the information that is needed from the area agency to make decisions about services and resources?

Answer Choices	Responses
Yes	87.5%
Sometimes	9.7%
No	2.8%
Not Applicable	0.0%

2. Do you get the information you need about: *(IF APPLICABLE)*
 - a. Family Support Services (e.g. respite, Emods, advocacy)

Answer Choices	Responses
Yes	60.56%
Sometimes	14.08%
No	7.04%
Not Applicable	18.31%

- b. Family Support Council

Answer Choices	Responses
Yes	52.43%
Sometimes	18.57%
No	8.57%
Not Applicable	20%

- c. Employment Services

Answer Choices	Responses
Yes	26.09%
Sometimes	17.39%
No	2.9%
Not Applicable	53.62%

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

d. Waiting Lists

Answer Choices	Responses
Yes	15.49% %
Sometimes	9.86%
No	7.04%
Not Applicable	67.61%

e. Transition from High School to adult services

Answer Choices	Responses
Yes	18.84%
Sometimes	1.45%
No	4.35%
Not Applicable	75.36%

f. Support and information at age 14 and older regarding options available upon graduation

Answer Choices	Responses
Yes	10.14%
Sometimes	1.45%
No	5.8%
Not Applicable	82.61%

3. Are the area agency staff responsive? For example, do they return your calls in a reasonable amount of time?

Answer Choices	Responses
Yes	88.73%
Sometimes	8.45%
No	2.82%

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

4. Are you, your family member, and other family members and friends encouraged and supported to exercise choice and control over:

a. The planning of services?

Answer Choices	Responses
Yes	83.1%
Sometimes	7.04%
No	4.22%
Not Applicable	5.63%

b. Implementation of services?

Answer Choices	Responses
Yes	80.28%
Sometimes	7.04%
No	5.63%
Not Applicable	7.04%

c. Managing financial resources?

Answer Choices	Responses
Yes	56.34%
Sometimes	11.27%
No	7.04%
Not Applicable	25.35%

5. Are you encouraged and supported to get involved in financial decisions regarding your family member's service budget?

Answer Choices	Responses
Yes	42.86%
Sometimes	12.86%
No	12.86%
Not Applicable	31.42%

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

6. Do you feel the Area Agency considers the unique concerns, priorities and resources of your family in providing services?

Answer Choices	Responses
Yes	67.61%
Sometimes	23.93%
No	4.23%
Not Applicable	4.23%

7. Do you think that staff and providers respect your family member's choices regarding

a. The services they receive?

Answer Choices	Responses
Yes	89.85%
Sometimes	5.8%
No	4.35%

b. Who provides the service?

Answer Choices	Responses
Yes	91.18%
Sometimes	2.94%
No	5.88%

c. Where the services are provided?

Answer Choices	Responses
Yes	88.24%
Sometimes	4.41%
No	7.35%

d. What goals are pursued in the service agreement?

Answer Choices	Responses
Yes	89.71%
Sometimes	5.88%
No	4.41%

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

8. Are you satisfied with the services you and your family member/ward are receiving from the area agency?

Answer Choices	Responses
Yes	83.1%
Sometimes	11.27%
No	5.63%

9. Are you satisfied with the health related supports that are provided to your family member by the Area Agency?

Answer Choices	Responses
Yes	52.78%
Sometimes	8.33%
No	1.39%
Not Applicable	37.5%

10. Are you satisfied with the safety related supports that are provided to your family member by the Area Agency?

Answer Choices	Responses
Yes	61.11%
Sometimes	2.78%
No	2.78%
Not Applicable	33.33%

11. Do you know whom to call if your family member's/ward's rights have been violated or s/he is not receiving the services s/he needs?

Answer Choices	Responses
Yes	84.29%
Sometimes	11.43%
No	2.86%

12. Is your family member/ward supported to form and maintain relationships and become an active member of the community, doing work/leisure activities of his/her choice?

Answer Choices	Responses
Yes	74.63%
Sometimes	16.42%
No	8.96%

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Monadnock Developmental Services Redesignation Report
Report Date: April 2020

13. Does the area agency ask you if you are satisfied with the quality of services you receive from them?

Answer Choices	Responses
Yes	85.71%
No	12.86%

14. If you made suggestions, did the area agency/subcontract agency follow-up?

Answer Choices	Responses
Yes	67.27%
Sometimes	16.36%
No	16.36%

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

Provider Redesignation Survey Summary

BDS conducted a family and/or guardian survey via Survey Monkey and via paper form. Families and/or guardians responded anonymously to this survey.

Please choose one to rate the overall effectiveness of communication between your agency and the area agency:

Answer Choices	Responses
Excellent	28.57%
Good	57.14%
Inconsistent	0.00%
Lacking	14.29%

Is there timely communication with Service Coordinators when there is an incident/issue/emergency involving an individual?

Answer Choices	Responses
Yes	100%
No	0.00%
Sometimes	0.00%

Does the Area Agency communicate and explain policy and funding issues released by the Bureau of Developmental Services?

Answer Choices	Responses
Yes	80%
No	0.00%
Sometimes	20.00%

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

How does the Area Agency communicate regular updates and changes to policy, funding, performance, etc? Choose ALL that apply:

Answer Choices	Responses
Email	100%
Phone Calls	20.00%
Regularly Scheduled Provider Meetings	100%
Special Meetings	0.00%
Letters	20.00%
Other	0.00%

Do you have a specific contact person to talk regarding funding, funding issues, crisis needs, and/or changes in funding with regards to individuals' needs?

Answer Choices	Responses
Yes	100%
No	0.00%

When there is an issue with an individual, are there timely responses and meetings that meet the level of urgency?

Answer Choices	Responses
Yes	100%
No	0.00%
Sometimes	0.00%

Overall, are Area Agency staff easily accessible and phone calls returned in a timely manner?

Answer Choices	Responses
Yes	80.00%
No	20.00%

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

Is your agency invited to participate in the development and on-going assessment of the Area Agency's Area Plan (also possibly known as Biennial Plan or Strategic Plan)?

Answer Choices	Responses
Yes	40.00%
No	0.00%
Not Sure	60.00%

Do you believe individuals and families are objectively given a choice of providers in the regional area?

Answer Choices	Responses
Yes	80.00%
No	20.00%

How well is the RFP process working in your regional area?

Answer Choices	Responses
Very Well	40.00%
Good	40.00%
Inconsistent	0.00%
Needs Improvement	0.00%

Do you believe individuals and families understand their rights to choice and how to exercise these rights?

Answer Choices	Responses
Yes	80.00%
No	20.00%

Overall, are service coordinators responsive to the needs of the individual?

Answer Choices	Responses
Yes	100%
No	0.00%

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

In general, do you feel individuals (and their guardians/representatives) are adequately supported to advocate for themselves in the service planning process and implementation of their services?

Answer Choices	Responses
Yes	100%
No	0.00%

In general, do you believe individuals (and their guardians/representatives) are encouraged and supported to request changes to their services?

Answer Choices	Responses
Yes	80.00%
No	20.00%

Overall, do you believe service coordinators are adequately trained in their role?

Answer Choices	Responses
Yes	80.00%
No	20.00%

Has the Area Agency explained and made available the process for requesting funding changes for individual service needs to your agency?

Answer Choices	Responses
Yes	80.00%
No	20.00%

In your opinion, has the Area Agency explained and made available the process for requesting funding changes for individual service needs to the individual, guardian/representative?

Answer Choices	Responses
Yes	100%
No	0.00%

New Hampshire Department of Health and Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
 Monadnock Developmental Services Redesignation Report
 Report Date: April 2020

Does the Area Agency have adequate processes in place to prevent or minimize recoupment of payment?

Answer Choices	Responses
Yes	76.00%
No	0.00%

Does the Area Agency have processes in place to address underutilized services?

Answer Choices	Responses
Yes	50.00%
No	0.00%
Unsure	50.00%

Remediation Resulting from Stakeholder Engagement:
 None Required

Governance Desk Audit: Contract Year 2019 - 2020

Monadnock Developmental Services, Region 5

	Indicator	Rule citation	Met	Needs Improvement	Comments	Contact Person
1	<p><u>Current Board Composition</u> (Please put an "X" next to each item meeting the expectation)</p> <p>A) Uneven number of persons - X B) No fewer than 9, no more than 25 - X C) Consumers to comprise at least 1/3 membership - X D) Representative of agency's different consumer groups and entire geographic area - X</p> <p><u>Executive Director Qualifications</u>: (Please put an "X" next to each item meeting the expectation)</p> <p>A) Minimum 5 years administrative experience in human services, - X B) At least two years' experience in developmental service programs - X</p>	<p>RSA 171A:18 He-M 505.03 (m)</p> <p>RSA 171A:18 He-M 505.03 (q)</p> <p>He-M 505.03 (h)</p> <p>He-M 505.03 (e)</p> <p>RSA 171A:18 He-M 505.03 (t) (u)</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>			
2	<p><u>Current AA/BOD bylaws</u>.</p>		✓			
3	<p><u>Current Board policies and procedures</u>.</p>		✓			
4	<p><u>Current Area Plan and any amendments</u>.</p>		✓			
5	<p><u>Last 12 months of BOD minutes</u>.</p>		✓			
6	<p><u>Human Rights Committee</u>: (Please put an "X" next to each item included)</p> <p>A) Committee Members noting who they represent - X B) Agendas for past 12 months - X C) Meeting Minutes for Past 12 months - X</p>	<p>RSA 171A:17</p>	✓			
7	<p>How does the BOD involve itself in assuring that consumers, the regional Family Support Council, the general public residing in the area and generic service agencies are involved in the planning and provision of and satisfaction with services for individuals with developmental disabilities and acquired brain disorders? Please describe your process for capturing feedback and input from individuals, families and other stakeholders.</p>	<p>RSA 171A:18 He-M 505.03 (u) He-M 505.08 (f)</p>	✓			
8	<p>How does the area agency communicate to its provider agencies information concerning changes in policy, funding, or statewide issues such as quality initiatives, audit results, etc.?</p>	<p>He-M 505.03 (ac) He-M 505.08 (e) (6)</p>	✓			
9	<p>What are the area agency's ongoing quality assurance activities, especially concerning measuring outcomes relative to the Area Plan?</p>	<p>He-M 505.08 (e) (5)</p>	✓			
10	<p>What steps has to agency taken to be prepared to ensure that people with Limited English Proficiency (LEP) have meaningful access to its programs?</p>	<p>Contract Exhibit A Amendment 1: 3.1 Contract Exhibit C,</p>	✓			
11	<p>As relates to the Family Support Council, can the agency confirm adherence to the following:</p>	<p>RSA 126-G:4 He-M 519.05</p>				
12a	<p><u>Current ESC composition</u>: (Please put an "X" next to each item meeting the expectation)</p> <p>A) Composed of a minimum of 5 voting members - X B) Members who are either family members or individuals - X C) No voting member who is an employee of either the area agency or the Family Support Council - X D) Membership representative of the various ages and geographical locations of those served in the region - X</p>	<p>He-M 519.05 (b)</p>	✓			
12b	<p>That the family support council has established and maintains policies that address, at a minimum, the following:</p>	<p>He-M 519.05 (c)</p>				
12c	<p>Membership, rotation, and term limits on the council</p>	<p>He-M 519.05 (c) (1)</p>	✓			
12d	<p>A process for determining the chairperson, the state council delegate, and any other positions such as the council representative to the area agency board of directors</p>	<p>He-M 519.05 (c) (2)</p>	✓			
12e	<p>Orientation and mentoring of all council members.</p>	<p>He-M 519.05 (c) (3)</p>	✓			

	A. formal agreement between the council and the area agency that identifies: (Please put an "X" next to each item meeting the expectation) A) The parties' relationship, roles, and responsibilities- X B) The process to be used in resolving any conflicts which might arise between the parties- X C) The involvement of the council in the selection and evaluation of the performance of the family support staff- X and D) The family support representative on the area agency management team and the mechanism for direct communication between this person and the council- X	He-M 519.05 (c) (4)	✓			
12f	Processes used to disperse family support council funds and other resources.	He-M 519.05 (c) (5)	✓			
12g	A mechanism for the council to be involved in the area agency monitoring of supports and services provided to families.	He-M 519.05 (c) (6)	✓			
12i	Please submit the job description for one full time family support coordinator or director, that identifies his/her qualifications and duties designed jointly by the regional family support council & the area agency.	He-M 519.06 (a)(b)	✓			
12j	The council contributes to the development of the area plan that considers the priorities of families residing through supports & services and strategies to address these priorities.	He-M 519.07(a) & He-M 519.07 (b)1-2.	✓			
13	Sub-Contracting for Services: For services which are provided by persons or organizations which are not the Area Agency, the Agency has entered into agreements for the provision of such services?	He-M 505.03 (z) & (z) (aa)	✓			
14	Follow up: if applicable, has the area agency completed its plan of correction from the last redesignation?	He-M 505.08 (e) (9)	N/A			
15	Regarding 2018 Office of Inspector General's Report: Reportable Incidences. A) Is your agency in compliance with the reporting requirements of the revised sentinel event policy and sentinel event form, dated May of 2019?	RSA 126-A:4, Section 1.5 of the AA Contract with BDS	✓			
16	Please provide documentation that confirms the agency has an MOU with the local CMIIC.	AA Contract with BDS: 2.5& 2.5.1-2.5.1.6	N/A		In Process	
17	The information requested below will not be reflected in the Agency's Governance Audit. It is for Informational Purposes only: Has your agency been trained by the IOD on the necessity of understanding the expectations of new settings with regard to "Location & Isolation"?	CMS 2014 Final Rule			Yes	
18	Has your agency received the Only Willing Qualified Provider Policy that includes the recommendation for agencies to begin to use the policy on or before 7/1/19?	CMS CAP, AA Contract with BDS Section 2.13			Yes	
19	Has your agency requested any waivers through the WAV database as a result of this policy?	CMS CAP, AA Contract with BDS Section 2.13			No	
20	Please send in your agency's firewall policy and include the physical office mapping and supervision tier. Attach as necessary.	CMS CAP, AA Contract with BDS Section 2.13	✓			
21	Direct Service (DD and ABD Waiver)	Total # of people in the Region using the service	# of conflicted scenarios	% of conflict free (do not type in these cells)		
	Service Coordination	398	66	83%		
	Community Participation Services (Day Program)	257	25	90%		
	Residential Habilitation / Personal Care Services	240	7	97%		
	Supported Employment	65	26	60%		
	Community Support Services (Supported Independent Living)	54	7	87%		

Question #	Indicator	Rule citation	Years	Substantially Met	Met	Needs Improvement
1	Current Board Composition	171A.18; He-M 505.03 (m)	2019	N/A	10	0
			2018	0	10	0
			2017	2	8	0
			2016	4	5	1
2	Executive Director Qualifications	171A.18; He-M 505.03 (q)	2019	N/A	10	0
			2018	0	10	0
			2017	0	10	0
			2016	0	10	0
3	Current AA/BOD bylaws	He-M 505.03 (h)	2019	N/A	10	0
			2018	0	10	0
			2017	0	10	0
			2016	0	10	0
4	Current Board policies and procedures	He-M 505.03 (e)	2019	N/A	10	0
			2018	0	10	0
			2017	0	10	0
			2016	0	10	0
5	Current Area Plan and any amendments	171A.18; He-M 505.03 (l) (u)	2019	N/A	10	0
			2018	1	9	0
			2017	5	4	1
			2016	6	3	1
6	Last 12 months of BOD minutes		2019	N/A	10	0
			2018	1	9	0
			2017	4	6	0
			2016	1	9	0
2019				N/A	9	1

Governance Audit
 Three - Year Tally
 2016, 2017, 2018

Question #	Indicator	Rule citation	Years	Substantially Met	Met	Needs Improvement
7	Human Rights Committee	RSA 171A:17	2018	2	8	0
			2017	3	7	0
			2016	3	7	0

Governance Audit
 Three - Year Tally
 2016, 2017, 2018

Question #	Indicator	Rule citation	Years	Substantially Met	Met	Needs Improvement
8	BOD involves itself in assuring that consumers, the regional Family Support Council, the general public residing in the area and generic service agencies are involved in the planning and provision of and satisfaction with services for individuals with developmental disabilities and acquired brain disorders	171A.18, He-M 505.03 (u), He-M 505.08 (f)	2019	N/A	10	0
			2018	2	8	0
			2017	4	6	0
			2016	3	6	1
9	The area agency communicates to its provider agencies information concerning changes in policy, funding, or statewide issues such as quality initiatives, audit results, etc.	He-M 505.03 (ac); He-M 505.08 (e) (6)	2019	N/A	10	0
			2018	2	8	0
			2017	5	5	0
			2016	3	7	0
10	The area agency has ongoing quality assurance activities, especially concerning measuring outcomes relative to the Area Plan	He-M 505.08 (e) (5)	2019	N/A	10	0
			2018	2	8	0
			2017	2	8	0
			2016	2	7	1
11	What Steps have been taken by the agency to be prepared to ensure that people with Limited English Proficiency (LEP) have meaningful access to it's programs	Contract, Exhibit A Amendment 1: 3.1 Contract Exhibit C Amendment 1: 17	2019	N/A	10	0
			2018	4	6	0
			2017	3	7	0
			2016	1	9	0
12	As relates to the Family Support Council, can the agency confirm adherence to the following:	RSA 126-G:4 He-M 519.05				
12a	Current FSC composition	He-M 519.05 (b)	2019	N/A	10	0
			2018	1	9	0
			2017	2	8	0
			2016	---	---	---
12b	That the family support council has established and maintains policies that address, at a minimum, the following:	He-M 519.05 (c)				
12c	Membership, rotation and term limits on the council	He-M 519.05 (c) (1)				

Governance Audit
 Three - Year Tally
 2016, 2017, 2018

Question #	Indicator	Rule citation	Years	Substantially Met	Met	Needs Improvement
12C	Membership, rotation, and term limits on the Council.	RCM 315.05(C)(1)	2017	0	10	0
			2016	--	--	--

Question #	Indicator	Rule citation	Years	Substantially Met	Met	Needs Improvement
12d	A. process for determining the chairperson, the state council delegate, and any other positions such as the council representative to the area agency board of directors,	He-M 519.05 (c) (2)	2019	N/A	10	0
			2018	0	10	0
			2017	0	10	0
			2016	--	--	--
12e	Orientation and mentoring of all council members,	He-M 519.05 (c) (3)	2019	N/A	10	0
			2018	0	10	0
			2017	0	8	2
			2016	--	--	--
12f	A. formal agreement between the council and the area agency that identifies: A. The parties' relationship, roles, and responsibilities; B. The process to be used in resolving any conflicts which might arise between the parties. C. The involvement of the council in the selection and evaluation of the performance of the family support staff, and D. The family support representative on the area agency management team and the mechanism for direct communication between this person and the council	He-M 519.05 (c) (4)	2019	N/A	10	0
			2018	1	9	0
			2017	1	8	1
			2016	--	--	--
12g	Processes used to disperse family support council funds and other resources, and	He-M 519.05 (c) (5)	2019	N/A	10	0
			2018	0	10	0
			2017	0	10	0
			2016	--	--	--
12h	A. mechanism for the council to be involved in the area agency monitoring of supports and services provided to families.	He-M 519.05 (c) (6)	2019	N/A	10	0
			2018	0	10	0
			2017	0	10	0
			2016	--	--	--

Governance Audit
 Three - Year Tally
 2016, 2017, 2018

Question #	Indicator	Rule citation	Years	Substantially Met	Met	Needs Improvement
12i	Please submit the job description for one full time family support coordinator or director, that identifies his/her qualifications and duties designed jointly be the regional family support council & the area agency.	He-M 519.06 (a)(b)	2019	N/A	10	0

Governance Audit
 Three - Year Tally
 2016, 2017, 2018

Question #	Indicator	Rule citation	Years	Substantially Met	Met	Needs Improvement
12j	The council contributes to the development of the area plan that considers the priorities of families residing through supports & services and strategies to address these priorities.	He-M 519.07(a) & He-M 519.07 (b)1-2.	2019	N/A	10	0
			2019	N/A	10	0
			2018	0	9	1
			2017	--	--	--
			2016	--	--	--
			2019	N/A	1	1
			2018	2	1	0
			2017	--	--	--
			2016	--	--	--
			2019	N/A	10	0
13	Sub-Contracting for Services: For services which are provided by persons or organizations which are not the Area Agency, the Agency has entered into agreements for the provision of such services.	He-M 505.03 (z) He-M 505.03 (z) (aa)				
14	Follow up: If applicable, has the area agency completed its plan of corrected from the last redesignation?	He-M 505.08 (e) (9)				
15	Regarding 2018 Office of Inspector General's Report- Reportable Incidences: A) Is your agency in compliance with the reporting requirements of the revised sentinel event policy and sentinel event form, dated May of 2019?	RSA 126-A.4, Section 1.5 of the AA Contract with BDS				
16	Please provide documentation that confirms the agency has an MOU with the local CMHC.	AA Contract with BDS: 2.5& 2.5.1-2.5.1.6				
			2019	N/A	6	4 are in process

Developmental Services System
Annual Report of Financial Condition
For Fiscal Year 2018

with

Five-Year Financial Trend Analysis

Prepared by:

Department of Health & Human Services
Bureau of Developmental Services
Audit Unit
April 2019

TABLE OF CONTENTS

<u>Section</u>	<u>Description</u>	<u>Page</u>
	Overview of Report	1
A	Comparative Analysis of Developmental Disability Area Agencies (DSAA) Liquidity (Five Year Trends)	2
A-Chart	DSAA Liquidity Chart	3
B-1	Comparative Analysis of DSAA Financial Performance	4
B-2	Comparative Analysis of DSAA Revenue Trends (Five Year Trends)	5
B-3	Comparative Analysis of DSAA Expense Trends (Five Year Trends)	6
B-4	Comparative Analysis of DSAA Surplus (Deficit) (Five Year Trends)	7
B-Chart 1	Five Year Financial Performance Chart	8
B-Chart 2	Ten Year Surplus (Deficit) Chart	9
C-1	Comparative Analysis of DSAA Financial Strength – Net Assets (Five Year Trends)	10
C-2	Comparative Analysis of DSAA Financial Strength – Debt (Five Year Trends)	11
C-Chart	DSAA Financial Strength Chart (Five Year Trends) Analysis of DSAA Financial Positions (Current Year)	12
D	DSAA Combined	13
D1 – D10	DSAA Individual Agencies	14-23

Overview of Report

This report presents summary financial information for the Developmental Services Area Agencies (DSAA). Information is compiled from the audited financial statements for years ended June 30, 2018 and prior. This analysis is intended to assist the Bureau of Developmental Services (BDS) to:

1. Provide an early warning system for identifying DSAA at risk of financial problems
2. Evaluate the economic impact of policy decisions on the developmental services network
3. Assess the overall financial health of the network
4. Develop a set of standards and "best practices" that can be used for benchmarking

The report analyzes three types of ratios:

Section A: Liquidity

Liquidity refers to the entity's ability to maintain sufficient liquid assets, such as cash and account receivable, to meet its short term obligations. Two ratios used to measure liquidity are Current Ratio (current assets divided by current liabilities) and Days' Expenses in Cash (year end cash balance divided by average expenses per day).

Section B: Financial Performance

Financial Performance refers to the entity's ability to manage revenues and expenses to avoid deficits. This is measured by Net Margin (Surplus) as a percent of revenue, which allows comparison of performance among entities of varying size, and review of the stability and relationship between revenues

Section C: Financial Strength

Financial Strength refers to the entity's ability to weather unfavorable economic circumstances. Any entity will, at some time, experience a decline in revenues or unavoidable increases in costs. These circumstances must be addressed for the long term viability of the entity, but the entity must have sufficient financial resources to carry it through the down cycles. Financial strength is measured by Days' Expenses in Net Assets, which is accumulated surplus divided by average days' expense, and by the Debt Ratio, which is long term debt divided by net assets (accumulated surplus).

Section D: DSAA Individual Financial Trends (Current Year)

Section A

Comparative Analysis of DSAA Liquidity

Five Year Trends and Highlights (2014-2018)

REGION/AREA AGENCY	Current Ratio						Days Expenses in Cash					
	Fiscal Year					Avg.	Fiscal Year					Avg.
	2014	2015	2016	2017	2018		2014	2015	2016	2017	2018	
I. Northern (BMHS & BDS)	4.67	3.61	4.13	3.46	2.98	3.77	92.6	115.7	97.6	128.1	155.9	118.0
II. Sullivan County	1.09	1.15	1.32	0.82	0.77	1.03	19.3	14.8	21.0	8.4	16.5	16.0
III. Lakes Region	2.28	2.51	2.36	3.14	2.99	2.66	39.1	49.4	53.1	68.5	72.0	56.4
IV. Community Bridges	1.10	1.08	1.97	2.21	1.93	1.66	2.3	26.8	15.5	28.7	28.2	20.3
V. Monadnock (includes RR St Mill, Inc.)	1.43	1.44	1.71	1.74	1.84	1.63	25.1	25.5	10.1	33.3	36.2	26.0
VI. Greater Nashua	1.48	1.43	1.46	1.38	1.50	1.45	25.2	26.7	10.9	10.9	16.8	18.1
VII. Moore Center Services	2.28	2.70	2.63	2.73	2.87	2.64	36.0	32.4	27.9	28.4	24.0	29.8
VIII. One Sky	1.53	1.72	1.44	1.27	1.29	1.45	30.2	18.2	18.9	13.2	24.0	20.9
IX. Community Partners (BDS only)	1.27	0.74	0.85	0.91	0.96	0.94	17.0	6.4	21.6	43.8	30.0	23.8
X. Community Crossroads	1.55	1.61	1.66	1.73	1.88	1.69	51.0	46.0	28.7	20.5	27.2	34.7
TOTAL	1.76	1.72	1.89	1.86	1.89	1.82	32.8	35.8	28.7	35.6	39.6	34.5
Performance Standard					1.5:1						min 30	

Summary Highlights of Liquidity

Overall Network Condition:

The average Current Ratio remains relatively unchanged, whereas average Days' of Expenses in Cash, a less predictable measure, has increased from 35.6 days to 39.6 days.

Note: As of July 1, 2017, a set of performance standards were incorporated into the BDS contract. Specifically, the agencies are required to maintain a minimum Current Ratio of 1.50:1 with a 10% variance and a minimum of thirty days (30) days for Days' of Expenses in Cash. Previously, the State recommended (not required) the agencies to strive for these minimum benchmarks.

Caution

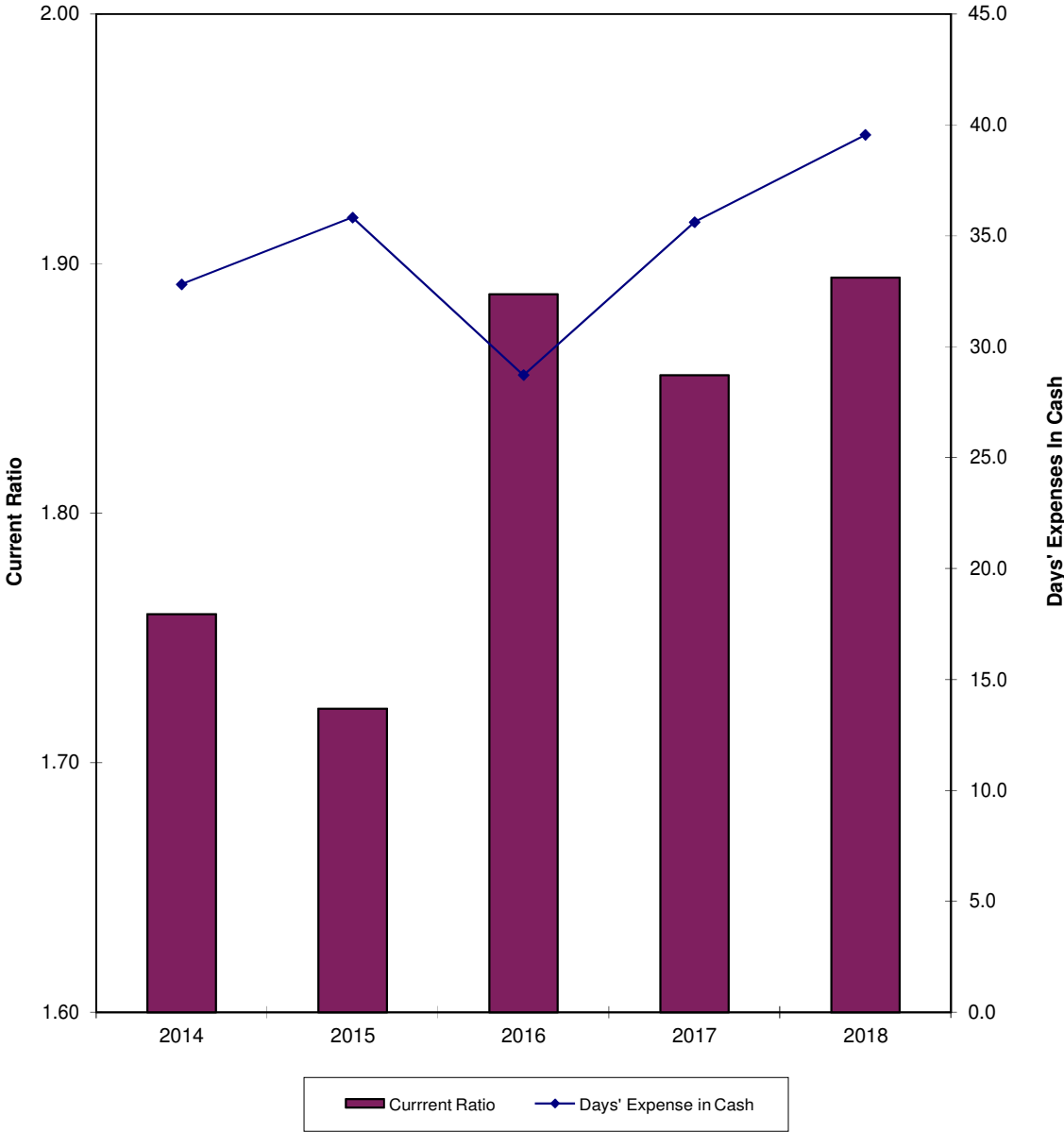
The Current Ratio for Agency II, Agency VIII, and Agency IX are below the minimum performance standard and are virtually the same as 2017. Agency X also provides Community Mental Health Services and, when both entities are combined, the Current Ratio for Agency IX improves to 1.4:1 for 2018.

Six of the ten Area Agencies (II, IV, VI, VII, VIII, and X) are below the minimum performance standard for Days' of Expenses in Cash. Of these six Agencies, four have seen an improvement in their Days' of Expenses in Cash, one Agency remains essentially unchanged from last year, and Area Agency VII saw a decrease.

<u>Potential Collection Problems</u>	Curr Ratio	Days' Cash	Days in Receivable
VI. Greater Nashua	1.50	16.8	47.3
 <u>Potential Cash Flow Problem</u>			
II. Sullivan County	0.77	16.5	8.4
VIII. One Sky	1.29	24.0	28.2

Section A
Developmental Services Area Agencies
Measure of Liquidity

Liquidity for 2018 has slightly increased and is considered moderately healthy as measured by Current Ratio. A less reliable measure, Days' of Expenses in Cash has also increased.



Section B-1

Comparative Analysis of DSAA Financial Performance

Five Year Trends and Highlights
(2014-2018)

REGION/AREA AGENCY	Net Margin (Rounded to \$000)						Net Margin-Pct of Revenue					
	Fiscal Year					Avg.	Fiscal Year					Avg.
	2014	2015	2016	2017	2018		2014	2015	2016	2017	2018	
I. Northern (BDS only)	\$685	(\$871)	(\$636)	(\$1,274)	(\$1,087)	(\$636)	2.9%	-3.7%	-2.6%	-5.3%	-4.3%	-2.6%
II. Sullivan County	\$272	\$227	(\$7)	(\$642)	(\$99)	(\$50)	1.5%	1.2%	0.0%	-3.5%	-0.5%	-0.2%
III. Lakes Region	\$164	\$477	\$564	\$493	\$7	\$341	0.7%	2.0%	2.2%	2.0%	0.0%	1.4%
IV. Community Bridges	\$665	(\$58)	\$1,186	\$929	\$179	\$580	2.1%	-0.2%	3.3%	2.5%	0.5%	1.6%
V. Monadnock (includes RR ST Mill, Inc.)	\$31	(\$580)	\$441	\$202	\$209	\$61	0.1%	-2.1%	1.6%	0.7%	0.7%	0.2%
VI. Greater Nashua	\$616	\$383	\$150	\$190	\$372	\$342	1.6%	0.9%	0.3%	0.4%	0.7%	0.8%
VII. Moore Center Services	\$263	\$130	(\$194)	\$308	\$206	\$142	0.6%	0.3%	-0.4%	0.6%	0.4%	0.3%
VIII. One Sky	(\$76)	(\$35)	\$15	(\$542)	\$8	(\$126)	-0.3%	-0.2%	0.1%	-2.1%	0.0%	-0.5%
IX. Community Partners (BDS only)	\$6	(\$1,683)	(\$20)	\$328	\$388	(\$196)	0.0%	-8.9%	-0.1%	1.6%	1.8%	-1.1%
X. Community Crossroads	\$124	\$245	\$164	(\$134)	\$311	\$142	0.5%	1.0%	0.7%	-0.5%	1.1%	0.6%
TOTAL	\$2,750	(\$1,765)	\$1,663	(\$142)	\$494	\$600	1.0%	-0.6%	0.6%	0.0%	0.2%	0.21%

Summary Highlights of Financial Performance

Overall Network Performance:

Annual net margin for the network increased from a deficit of \$142 thousand in 2017 to a net surplus of \$494 thousand in 2018. Two of the ten Area Agencies (I and II) closed with a net loss for 2018. The five-year trend shows six Area Agencies have grown financially, while four Agencies have lost money. For the most part, the network has been able to manage its expenses in line with revenue growth.

Caution

Area Agency I has had a significant deficit for each of the most recent four years. More concerning, the five-year trend shows an average deficit of \$683 thousand per year. A large portion of the loss can be attributed to expenses outpacing revenues in the Developmental Service's Day Program. This Agency also provides Community Mental Health Services and when both entities are combined, the Agency as a whole ended with a net surplus of nearly \$992 thousand for 2018. Important to realize, the profits from Mental Health Services clearly offsets the losses sustained by Developmental Services.

Area Agency II has closed with a net loss for the previous three years and the five-year trend shows an average loss of \$50 thousand per year. Although both revenues and expenses grew in 2018, the increase in expenses exceeded the increase in revenues. This Agency should be monitored closely.

Although Area Agency VIII closed with a small surplus in 2018, an average deficit of \$126 thousand per year is indicated in the five-year trend due to three of the previous five years ending in a net loss. This Agency should continue to be monitored.

Area Agency IX has had two consecutive years of considerable growth. Even so, the five-year trend shows an average loss of \$196 thousand per year because of the large net loss of \$1.697 million reported in 2015. Additionally, this Agency provides Community Mental Health Services which is tracked separately. Although the Developmental Services division had a net surplus, the Mental Health Services division ended with a net loss for 2018. When consolidated, the Agency closed with an overall surplus of \$235 thousand for 2018. This Agency should continue to be monitored.

Section B-2

**Analysis of DSAA Revenue Trends
(Five Year Trends)**

REGION/AREA AGENCY	Total Revenue					
	2014	2015	2016	2017	2018	5YR Totals
I. Northern (BDS only)	\$23,275,439	\$23,248,659	\$24,187,293	\$24,210,523	\$25,262,786	\$120,184,699
<i>Pct Change</i>	9.8%	-0.1%	4.0%	0.1%	4.3%	3.6%
II. Sullivan County	\$17,740,929	\$18,388,431	\$18,803,372	\$18,509,079	\$19,671,737	\$93,113,548
<i>Pct Change</i>	-1.4%	3.6%	2.3%	-1.6%	6.3%	1.8%
III. Lakes Region	\$22,843,729	\$23,805,045	\$25,144,700	\$24,582,642	\$24,746,289	\$121,122,405
<i>Pct Change</i>	1.6%	4.2%	5.6%	-2.2%	0.7%	1.9%
IV. Community Bridges	\$31,752,777	\$33,483,295	\$36,140,711	\$37,100,708	\$38,573,973	\$177,051,464
<i>Pct Change</i>	6.6%	5.4%	7.9%	2.7%	4.0%	5.3%
V. Monadnock (includes RR ST Mill, Inc.)	\$27,639,666	\$27,108,339	\$27,990,005	\$28,279,154	\$29,304,181	\$140,321,345
<i>Pct Change</i>	2.2%	-1.9%	3.3%	1.0%	3.6%	1.6%
VI. Greater Nashua	\$38,757,843	\$40,905,555	\$44,393,464	\$47,119,050	\$50,335,397	\$221,511,309
<i>Pct Change</i>	7.4%	5.5%	8.5%	6.1%	6.8%	6.9%
VII. Moore Center	\$41,876,117	\$44,927,103	\$45,779,795	\$48,638,581	\$50,899,399	\$232,120,995
<i>Pct Change</i>	4.9%	7.3%	1.9%	6.2%	4.6%	5.0%
VIII. One Sky	\$21,952,500	\$22,926,111	\$23,987,802	\$25,574,865	\$26,613,745	\$121,055,023
<i>Pct Change</i>	2.4%	4.4%	4.6%	6.6%	4.1%	4.4%
IX. Community Partners (BDS only)	\$19,013,884	\$18,832,619	\$19,135,432	\$20,186,846	\$22,085,706	\$99,254,487
<i>Pct Change</i>	6.7%	-1.0%	1.6%	5.5%	9.4%	4.4%
X. Community Crossroads	\$22,901,318	\$24,671,753	\$24,987,103	\$25,103,007	\$27,553,725	\$125,216,906
<i>Pct Change</i>	8.3%	7.7%	1.3%	0.5%	9.8%	5.4%
TOTALS	\$267,754,202	\$278,296,910	\$290,549,677	\$299,304,455	\$315,046,938	\$1,450,952,181
<i>Pct Change</i>	5.0%	3.9%	4.4%	3.0%	5.3%	4.3%

Summary Highlights of Revenue

Overall Network Performance:

Revenue for the network of agencies increased by \$15.7 million in 2018. All Area Agencies had an increase in revenue over the previous year. During the past five years, combined revenues had an annual growth rate of 4.3% per year.

Caution

In 2018, the revenue of six Area Agencies was less than the 5.3% average, with Area Agency III showing the smallest growth rate.

Three Area Agencies (II, III, and V) have a five-year average growth rate of less than 2%, which is well below the combined network average of 4.3%.

Lastly, although Agency III ended with a nominal 0.7% revenue increase in 2018, the revenue collected in 2018 still has not rebounded to 2016 levels.

Section B-3

**Analysis of DSAA Expense Trends
(Five Year Trends)**

REGION/AREA AGENCY	Total Expenses					
	2014	2015	2016	2017	2018	5YR Totals
I. Northern (BDS only)	\$22,589,992	\$24,119,272	\$24,823,310	\$25,484,330	\$26,349,589	\$123,366,493
<i>Pct Change</i>	7.0%	6.8%	2.9%	2.7%	3.4%	4.5%
II. Sullivan County	\$17,468,648	\$18,161,126	\$18,810,234	\$19,150,583	\$19,771,190	\$93,361,781
<i>Pct Change</i>	-1.5%	4.0%	3.6%	1.8%	3.2%	2.2%
III. Lakes Region	\$22,679,375	\$23,328,492	\$24,580,903	\$24,089,377	\$24,738,942	\$119,417,089
<i>Pct Change</i>	2.4%	2.9%	5.4%	-2.0%	2.7%	2.2%
IV. Community Bridges	\$31,088,199	\$33,541,070	\$34,955,131	\$36,171,835	\$38,394,878	\$174,151,113
<i>Pct Change</i>	4.4%	7.9%	4.2%	3.5%	6.1%	5.2%
V. Monadnock (includes RR ST Mill, Inc.)	\$27,608,605	\$27,688,442	\$27,549,014	\$28,077,359	\$29,094,798	\$140,018,218
<i>Pct Change</i>	2.1%	0.3%	-0.5%	1.9%	3.6%	1.5%
VI. Greater Nashua	\$38,141,853	\$40,522,242	\$44,243,251	\$46,928,950	\$49,963,631	\$219,799,927
<i>Pct Change</i>	6.2%	6.2%	9.2%	6.1%	6.5%	6.8%
VII. Moore Center	\$41,613,542	\$44,797,193	\$45,973,536	\$48,330,677	\$50,693,575	\$231,408,523
<i>Pct Change</i>	5.2%	7.7%	2.6%	5.1%	4.9%	5.1%
VIII. One Sky	\$22,028,595	\$22,961,542	\$23,973,256	\$26,116,868	\$26,605,716	\$121,685,977
<i>Pct Change</i>	2.1%	4.2%	4.4%	8.9%	1.9%	4.3%
IX. Community Partners (BDS only)	\$19,007,863	\$20,515,850	\$19,155,706	\$19,858,742	\$21,697,866	\$100,236,027
<i>Pct Change</i>	5.1%	7.9%	-6.6%	3.7%	9.3%	3.7%
X. Community Crossroads	\$22,777,579	\$24,426,536	\$24,822,813	\$25,237,485	\$27,243,023	\$124,507,436
<i>Pct Change</i>	7.8%	7.2%	1.6%	1.7%	7.9%	5.2%
TOTALS	\$265,004,251	\$280,061,765	\$288,887,154	\$299,446,206	\$314,553,208	\$1,447,952,584
<i>Pct Change</i>	4.3%	5.7%	3.2%	3.7%	5.0%	4.4%

Summary Highlights of Expenses

Overall Network Performance:

Expenses increased by 5.0% over the previous year. In 2018, combined network revenues slightly exceeded combined network expenses.

Also noteworthy, the five-year annual growth rate for expenses was 4.4%, which was slightly higher than the five-year annual growth rate of 4.3% for revenue.

Caution

As shown below in red, three Area Agencies had a larger percent increase in expenses than their corresponding revenue. This could indicate that these Area Agencies had difficulty managing expenses with a lower revenue growth rate.

Agency	Percent change from 2017 to 2018	
	Revenue	Expense
Northern (BDS only)	4.3%	3.4%
Sullivan County	6.3%	3.2%
Lakes Region	0.7%	2.7%
Community Bridges	4.0%	6.1%
Monadnock	3.6%	3.6%
Greater Nashua	6.8%	6.5%
Moore Center	4.6%	4.9%
One Sky	4.1%	1.9%
Community Partners (BDS only)	9.4%	9.3%
Community Crossroads	9.8%	7.9%

Section B-7

**Comparative Analysis of DSAA - Surplus <Deficit>
(Five Year Trends)**

REGION/AREA AGENCY	Total Surplus <Deficit>					
	2014	2015	2016	2017	2018	5YR Totals
I. Northern (BDS only)	\$685,447	(\$870,614)	(\$636,018)	(\$1,273,808)	(\$1,086,803)	(\$3,181,795)
II. Sullivan County	\$272,281	\$227,305	(\$6,862)	(\$641,504)	(\$99,453)	(\$248,233)
III. Lakes Region	\$164,354	\$476,553	\$563,797	\$493,265	\$7,347	\$1,705,316
IV. Community Bridges	\$664,578	(\$57,775)	\$1,185,580	\$928,873	\$179,095	\$2,900,351
V. Monadnock (includes RR ST Mill, Inc.)	\$31,061	(\$580,103)	\$440,991	\$201,795	\$209,383	\$303,127
VI. Greater Nashua	\$615,990	\$383,313	\$150,213	\$190,100	\$371,766	\$1,711,382
VII. Moore Center	\$262,575	\$129,910	(\$193,741)	\$307,904	\$205,824	\$712,472
VIII. One Sky	(\$76,095)	(\$35,431)	\$14,546	(\$542,003)	\$8,029	(\$630,954)
IX. Community Partners (BDS only)	\$6,021	(\$1,683,231)	(\$20,274)	\$328,104	\$387,840	(\$981,540)
X. Community Crossroads	\$123,739	\$245,217	\$164,290	(\$134,478)	\$310,702	\$709,470
TOTALS	\$2,749,951	(\$1,764,856)	\$1,662,523	(\$141,752)	\$493,730	\$2,999,597

Summary Highlights of Net Margin

Overall Network Performance:

From 2017 to 2018, revenues for the network of agencies increased by 5.3% and expenses rose by modest 5.0%, resulting in a collective surplus of \$494 thousand in 2018. Two Area Agencies (I and II) ended with a net deficit.

<u>Annual Year-To-Year Change</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Revenue Growth	5.0%	3.9%	4.4%	3.0%	5.3%
Expense Growth	4.3%	5.7%	3.2%	3.7%	5.0%
Surplus/(Deficit) Adjusted (\$000)	\$2,750	(\$1,765)	\$1,663	(\$142)	\$494

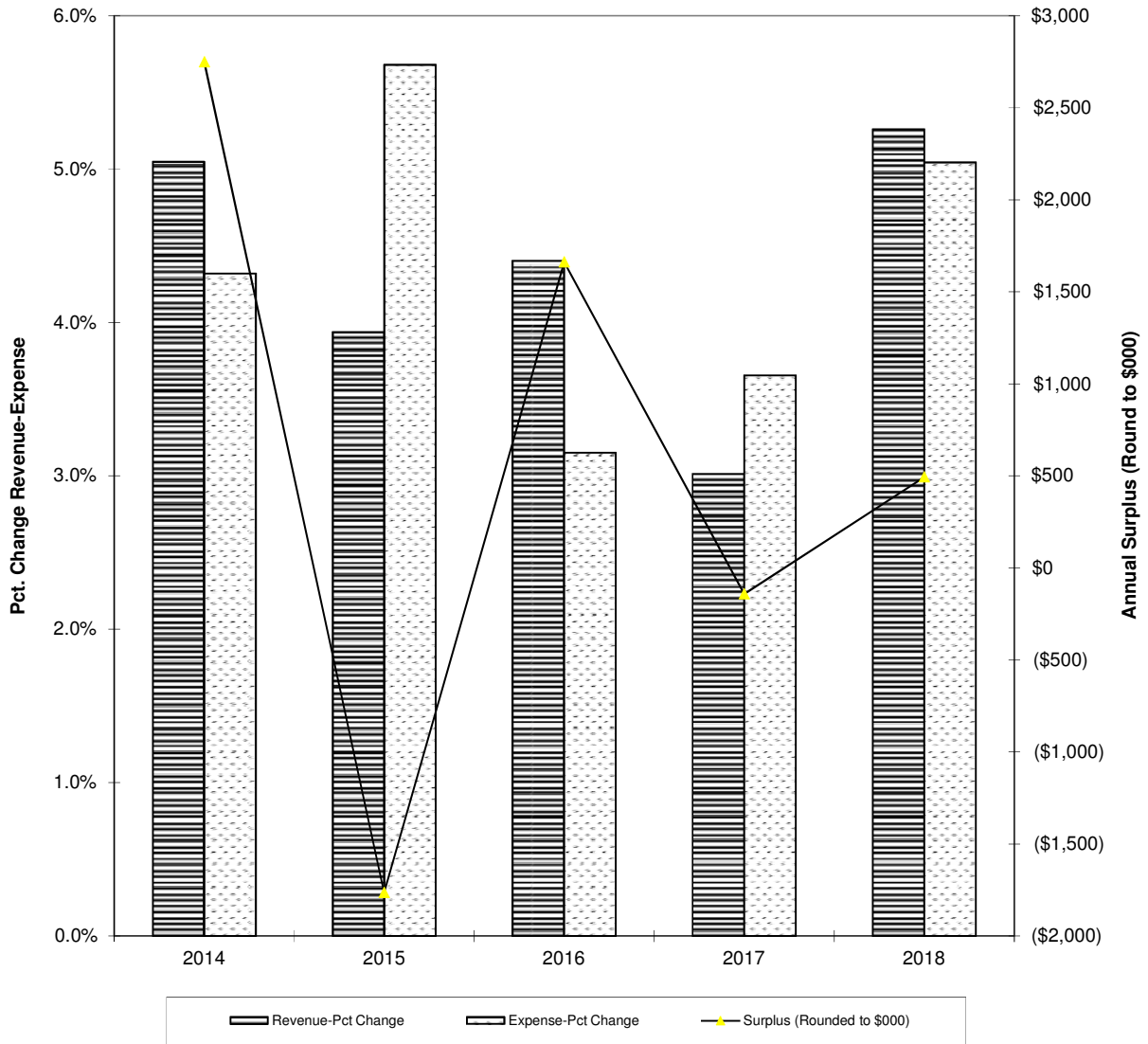
Caution

Area Agency I ended with a significant deficit in 2018.

Four Area Agencies (I, II, VIII, and IX) show a net deficit for the cumulative five-year period. Of particular interest is the combined five-year deficit for Region I which exceeds \$3.1 million.

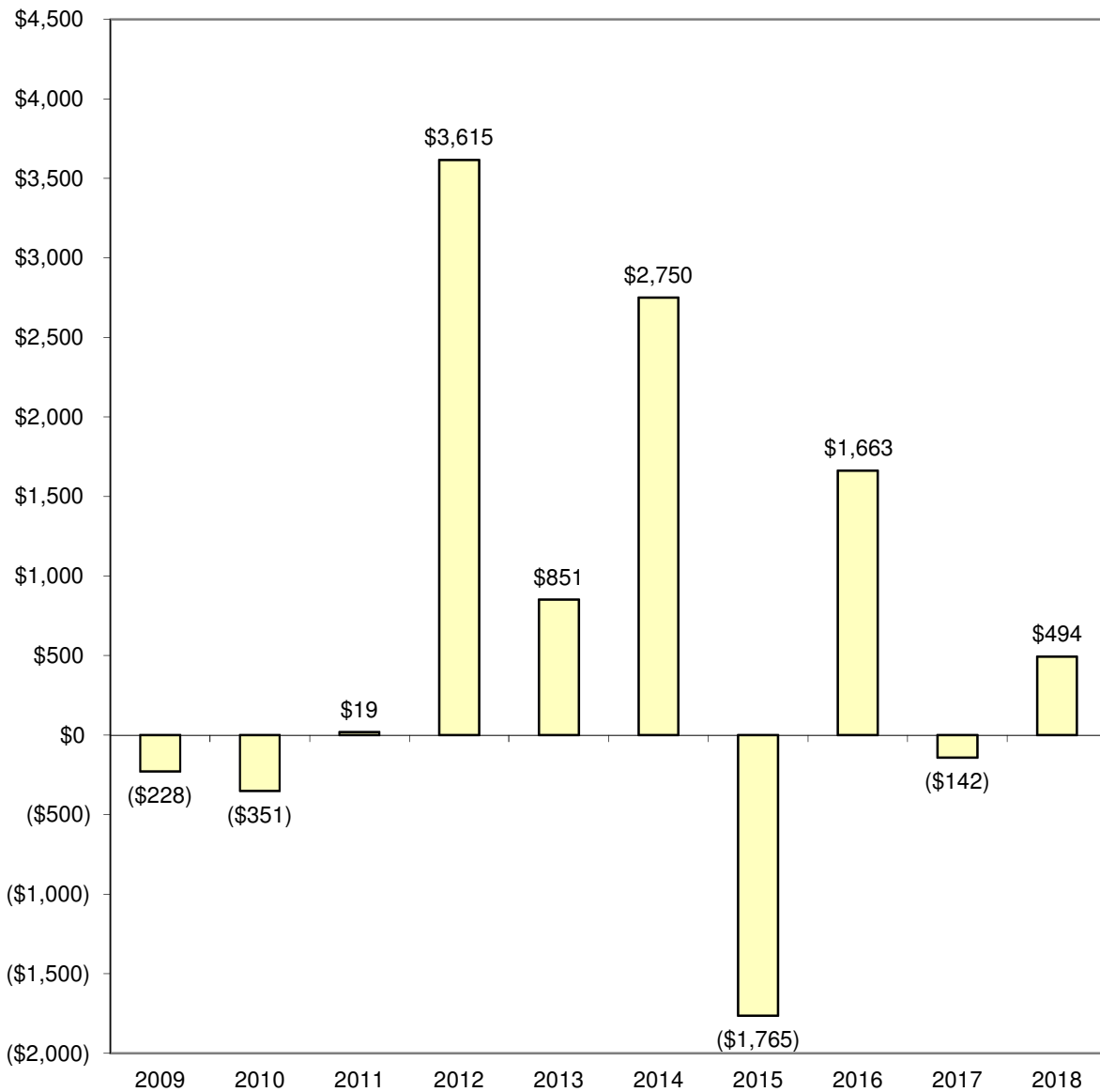
Section B
Developmental Services Area Agencies
Surplus vs Percentage Change in Revenues & Expenses

As shown in the chart, there is a direct correlation between changes in revenue/expenses and net surplus. When the change in revenue is larger than the change in expenses, typically net surplus increases. On the other hand, when the change in expenses is larger than the change in revenue, overall net surplus decreases.



Section B
Developmental Services Area Agencies
Annual Surplus (Deficit)
Rounded to \$000

The surplus in 2012 is largely due to one Agency receiving a one-time donation of a fixed asset valued at \$1.6 million. The Area Agencies show a large combined loss in 2015 mainly because three Agencies closed with deficits with a combined total of \$3.1 million. The network of agencies recovered significantly in 2016, however, in 2017, the Area Agencies again closed with a collective deficit of \$142 thousand. The overall network ended with a net surplus in 2018, yet one Agency had a net loss of nearly \$1.1 million.



Section C-1

Comparative Analysis of DSAA Financial Strength

Five Year Trends and Highlights (2014-2018)

REGION/AREA AGENCY	Net Assets (Rounded to \$000)					Average Yearly Change	Days' Expenses in Net Assets					Avg.
	Fiscal Year						Fiscal Year					
	2014	2015	2016	2017	2018		2014	2015	2016	2017	2018	
I. Northern (BMHS & BDS)	\$13,809	\$14,620	\$15,046	\$15,474	\$16,730	6.52%	223.1	221.3	221.2	221.6	231.8	219.6
II. Sullivan County	\$1,317	\$1,544	\$1,537	\$896	\$796	-5.28%	27.5	31.0	29.8	17.1	14.7	25.4
III. Lakes Region	\$5,825	\$6,301	\$6,865	\$7,358	\$7,366	5.41%	93.7	98.6	101.9	111.5	108.7	99.8
IV. Community Bridges	\$2,715	\$2,657	\$3,843	\$4,771	\$4,951	19.28%	31.9	28.9	40.1	48.1	47.1	34.8
V. Monadnock (includes RR ST Mill, Inc.)	\$2,869	\$2,289	\$2,730	\$2,932	\$3,142	2.05%	37.9	30.2	36.2	38.1	39.4	36.1
VI. Greater Nashua	\$3,797	\$4,180	\$4,330	\$4,521	\$4,892	8.99%	36.3	37.7	35.7	35.2	35.7	35.4
VII. Moore Center Services	\$5,494	\$5,624	\$5,430	\$5,738	\$5,944	2.59%	48.2	45.8	43.1	43.3	42.8	45.8
VIII. One Sky	\$2,540	\$2,504	\$2,519	\$1,977	\$1,985	-5.37%	42.1	39.8	38.4	27.6	27.2	38.4
IX. Community Partners (BDS only)	\$2,066	\$382	\$362	\$690	\$1,078	-12.14%	39.7	6.8	6.9	12.7	18.1	21.5
X. Community Crossroads	\$2,030	\$2,275	\$2,439	\$2,305	\$2,615	6.53%	32.5	34.0	35.9	33.3	35.0	33.7
TOTAL	\$42,461	\$42,378	\$45,102	\$46,663	\$49,500	5.0%	58.9	55.6	57.4	57.3	57.8	57.1

Summary Highlights of Financial Strength

Overall Network Condition:

The Days' of Expenses in Net Assets has remained relatively unchanged from 2016 to 2018. Overall, for the past five years, the Days' of Expenses in Net Assets has averaged 57.1 days. Net Assets for the network has increased by nearly \$2.9 million from 2017 to 2018. Results are somewhat skewed because Area Agency I includes both Community Mental Health Services (BMHS) and Developmental Disabilities Services (BDS).

Caution

The five-year trend shows two Area Agencies (II and IX) have less than 30 days on average in Days' of Expenses in Net Assets. Furthermore, any significant changes in either revenue or expense trends would impact these agencies.

Due to a significant net loss, Net Assets for Agency II decreased by nearly half from a high of \$1.54 million in 2015 to \$796 thousand in 2018. Thus, reducing Days' of Expenses in Net Assets from a high of 31.0 days to 14.7 days, respectively.

Agency VIII has seen a decrease each year for Days' of Expenses in Net Assets from a high of 42.1 days in 2014 to 27.2 days in 2018. Similarly, Net Assets has decreased from a high of \$2.54 million in 2014 to a low of \$1.985 million in 2018. This agency bears watching.

Net Assets for Area Agency IX drastically decreased from \$2.066 million in 2014 to \$362 thousand in 2016. The Agency has shown healthy growth in the most recent two years concluding with \$1.078 million in Net Assets for 2018. Likewise, Days' of Expenses in Net Assets for Area Agency IX shows an equally dramatic drop from 39.7 days in 2014 to a low of 6.9 days in 2016 but climbed to 18.7 days in 2018. Although Agency IX has shown improvement, this Agency should continue to be monitored closely.

Section C-
Comparative Analysis of DSAA Financial Strength
Five Year Trends and Highlights
(2014-2018)

REGION/AREA AGENCY	Debt (Rounded to \$000)					Debt Ratio				
	Fiscal Year					Fiscal Year				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
I. Northern (BMHS & BDS)	\$38	\$19	\$0	\$0	\$0	0.0:1	0.0:1	0.0:1	0.0:1	0.0:1
II. Sullivan County	\$468	\$266	\$601	\$542	\$471	0.4:1	0.2:1	0.4:1	0.6:1	0.6:1
III. Lakes Region	\$526	\$444	\$326	\$227	\$50	0.1:1	0.1:1	0.0:1	0.0:1	0.0:1
IV. Community Bridges	\$1,115	\$1,058	\$1,630	\$1,511	\$1,402	0.4:1	0.4:1	0.4:1	0.3:1	0.3:1
V. Monadnock (includes RR ST Mill, Inc.)	\$3,396	\$3,355	\$3,272	\$3,148	\$3,139	1.2:1	1.5:1	1.2:1	1.1:1	1.0:1
VI. Greater Nashua	\$790	\$730	\$669	\$208	\$472	0.2:1	0.2:1	0.2:1	0.0:1	0.1:1
VII. Moore Center Services	\$5,414	\$5,552	\$5,630	\$5,156	\$5,064	1.0:1	1.0:1	1.0:1	0.9:1	0.9:1
VIII. One Sky	\$0	\$0	\$0	\$0	\$0	0.0:1	0.0:1	0.0:1	0.0:1	0.0:1
IX. Community Partners (BDS only)	\$516	\$565	\$747	\$729	\$513	0.2:1	1.5:1	2.1:1	1.1:1	0.5:1
X. Community Crossroads	\$749	\$742	\$680	\$618	\$682	0.4:1	0.3:1	0.3:1	0.3:1	0.3:1
TOTAL	\$13,012	\$12,731	\$13,555	\$12,139	\$11,793	0.3:1	0.3:1	0.3:1	0.3:1	0.2:1

Summary Highlights of Financial Strength

Overall Network Condition:

The Debt Ratio has remained relatively constant for the five-year period with a slight decrease in 2018. The combined Debt for the network has decreased by \$346 thousand from 2017 to 2018.

Caution

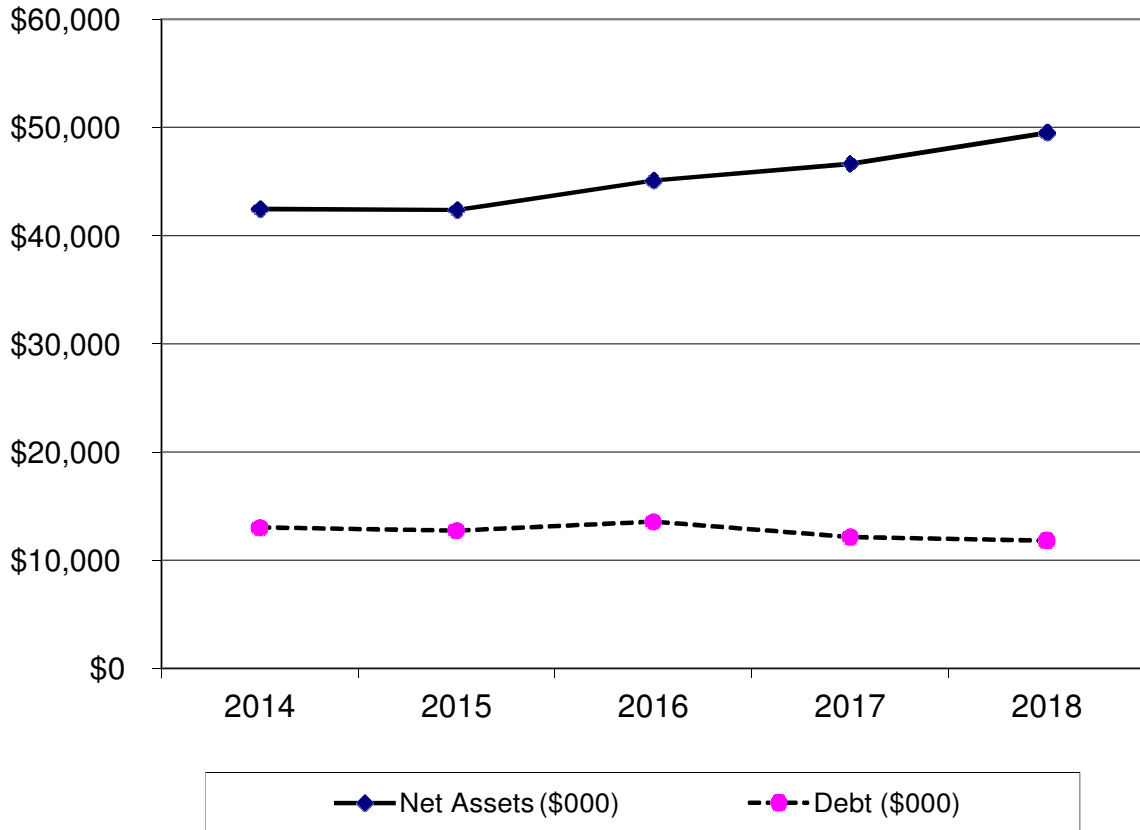
Area Agencies V, VII, and IX have the highest Debt Ratio in the network while Agencies V and VII have the highest levels of Debt.

In 2017, Area Agency VI had a notable decrease in Debt because one of the Agency's promissory notes required a balloon payment in the upcoming year. In 2018, this note was refinanced and the Debt returned to historical levels.

The most significant change in Debt Ratio occurred with Area Agency IX which decreased from high of 2.1 in 2016 to 0.5 in 2018. While their Debt has risen moderately from 2014 through 2016, the steep increase in Debt Ratio was caused by a considerable decrease in net assets due to a significant net loss of \$1.683 million in 2015.

Section C Developmental Services Area Agencies Financial Strength

The combined debt for the network of agencies has decreased from a high of nearly \$13.6 million in 2016 to a low of approximately \$11.8 million in 2018. Collectively, the Agencies have continued to grow their net worth from \$42.4 million to \$49.5 million during the five-year period.



Section D
Current Year Financial Trends by Region
Combined

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$57,715,425
I.1b Current Liabilities			\$30,465,590
I.1c Current Ratio	min. 1.5:1		1.9:1
I.2a Cash at Year End			\$33,855,205
I.2b Days Cash-on-Hand	min. 30		40
I.3a Year End Accounts Receivable			\$19,740,891
I.3b Days in Receivable	max. 30		24
I.4a Accounts Payable			\$15,058,200
I.4b Days in Accounts Payable	max. 15		18
II. Financial Performance			
II.1 Revenue			\$315,046,938
II.2 Expenses			(\$314,553,208)
II.3 Total Surplus <Deficit>			\$493,730
II.4 Net Margin (% Revenue)	min. 1.5%		0.2%
III. Financial Strength			
III.1a Net Assets			\$49,499,558
III.1b Days Expenses in Net Assets	min. 25		58
III.2a Long Term Debt			\$11,793,095
III.2b Debt/Equity Ratio	max. 2.5:1		0.2:1

Section D
Current Year Financial Trends by Region
Northern (BDS & BMHS)

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$13,729,419
I.1b Current Liabilities			\$4,605,846
I.1c Current Ratio	min. 1.5:1		3.0:1
I.2a Cash at Year End			\$11,214,874
I.2b Days Cash-on-Hand	min. 30		156
I.3a Year End Accounts Receivable			\$1,734,635
I.3b Days in Receivable	max. 30		26
I.4a Accounts Payable			\$400,449
I.4b Days in Accounts Payable	max. 15		6
II. Financial Performance			
II.1 Revenue			\$25,262,786
II.2 Expenses			(\$26,349,589)
II.3 Total Surplus <Deficit> (BDS only)			(\$1,086,803)
II.4 Net Margin (% Revenue) (BDS only)	min. 1.5%		-4.3%
III. Financial Strength			
III.1a Net Assets			\$16,730,390
III.1b Days Expenses in Net Assets	min. 25		232
III.2a Long Term Debt			\$0
III.2b Debt/Equity Ratio	max. 2.5:1		0.0:1

Section D
Current Year Financial Trends by Region
Sullivan County

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$1,392,278
I.1b Current Liabilities			\$1,818,501
I.1c Current Ratio	min. 1.5:1		0.8:1
I.2a Cash at Year End			\$885,525
I.2b Days Cash-on-Hand	min. 30		16
I.3a Year End Accounts Receivable			\$449,325
I.3b Days in Receivable	max. 30		8
I.4a Accounts Payable			\$1,724,587
I.4b Days in Accounts Payable	max. 15		32
II. Financial Performance			
II.1 Revenue			\$19,671,737
II.2 Expenses			(\$19,771,190)
II.3 Total Surplus <Deficit>			(\$99,453)
II.4 Net Margin (% Revenue)	min. 1.5%		-0.5%
III. Financial Strength			
III.1a Net Assets			\$796,333
III.1b Days Expenses in Net Assets	min. 25		15
III.2a Long Term Debt			\$470,920
III.2b Debt/Equity Ratio	max. 2.5:1		0.6:1

Section D
Current Year Financial Trends by Region
Lakes Region

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$5,606,022
I.1b Current Liabilities			\$1,877,544
I.1c Current Ratio	min. 1.5:1		3.0:1
I.2a Cash at Year End			\$4,830,595
I.2b Days Cash-on-Hand	min. 30		72
I.3a Year End Accounts Receivable			\$798,359
I.3b Days in Receivable	max. 30		12
I.4a Accounts Payable			\$772,947
I.4b Days in Accounts Payable	max. 15		12
II. Financial Performance			
II.1 Revenue			\$24,746,289
II.2 Expenses			(\$24,738,942)
II.3 Total Surplus <Deficit>			\$7,347
II.4 Net Margin (% Revenue)	min. 1.5%		0.0%
III. Financial Strength			
III.1a Net Assets			\$7,365,829
III.1b Days Expenses in Net Assets	min. 25		109
III.2a Long Term Debt			\$50,359
III.2b Debt/Equity Ratio	max. 2.5:1		0.0:1

Section D
Current Year Financial Trends by Region
Community Bridges

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$6,232,820
I.1b Current Liabilities			\$3,223,355
I.1c Current Ratio	min. 1.5:1		1.9:1
I.2a Cash at Year End			\$2,939,694
I.2b Days Cash-on-Hand	min. 30		28
I.3a Year End Accounts Receivable			\$3,051,737
I.3b Days in Receivable	max. 30		30
I.4a Accounts Payable			\$1,882,452
I.4b Days in Accounts Payable	max. 15		18
II. Financial Performance			
II.1 Revenue			\$38,573,973
II.2 Expenses			(\$38,394,878)
II.3 Total Surplus <Deficit>			\$179,095
II.4 Net Margin (% Revenue)	min. 1.5%		0.5%
III. Financial Strength			
III.1a Net Assets			\$4,950,529
III.1b Days Expenses in Net Assets	min. 25		47
III.2a Long Term Debt			\$1,402,185
III.2b Debt/Equity Ratio	max. 2.5:1		0.3:1

Section D

Current Year Financial Trends by Region

Monadnock (includes RR St Mill)

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$4,334,627
I.1b Current Liabilities			\$2,358,915
I.1c Current Ratio	min. 1.5:1		1.8:1
I.2a Cash at Year End			\$2,862,016
I.2b Days Cash-on-Hand	min. 30		36
I.3a Year End Accounts Receivable			\$885,716
I.3b Days in Receivable	max. 30		11
I.4a Accounts Payable			\$1,189,395
I.4b Days in Accounts Payable	max. 15		15
II. Financial Performance			
II.1 Revenue			\$29,304,181
II.2 Expenses			(\$29,094,798)
II.3 Total Surplus <Deficit>			\$209,383
II.4 Net Margin (% Revenue)	min. 1.5%		0.7%
III. Financial Strength			
III.1a Net Assets			\$3,141,531
III.1b Days Expenses in Net Assets	min. 25		39
III.2a Long Term Debt			\$3,139,114
III.2b Debt/Equity Ratio	max. 2.5:1		1.0:1

Section D
Current Year Financial Trends by Region
Greater Nashua

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$8,615,376
I.1b Current Liabilities			\$5,739,961
I.1c Current Ratio	min. 1.5:1		1.5:1
I.2a Cash at Year End			\$2,290,574
I.2b Days Cash-on-Hand	min. 30		17
I.3a Year End Accounts Receivable			\$5,801,220
I.3b Days in Receivable	max. 30		47
I.4a Accounts Payable			\$2,309,992
I.4b Days in Accounts Payable	max. 15		17
II. Financial Performance			
II.1 Revenue			\$50,335,397
II.2 Expenses			(\$49,963,631)
II.3 Total Surplus <Deficit>			\$371,766
II.4 Net Margin (% Revenue)	min. 1.5%		0.7%
III. Financial Strength			
III.1a Net Assets			\$4,892,309
III.1b Days Expenses in Net Assets	min. 25		36
III.2a Long Term Debt			\$471,872
III.2b Debt/Equity Ratio	max. 2.5:1		0.1:1

Section D
Current Year Financial Trends by Region
Moore Center

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$6,052,655
I.1b Current Liabilities			\$2,105,957
I.1c Current Ratio	min. 1.5:1		2.9:1
I.2a Cash at Year End			\$3,308,974
I.2b Days Cash-on-Hand	min. 30		24
I.3a Year End Accounts Receivable			\$2,254,949
I.3b Days in Receivable	max. 30		17
I.4a Accounts Payable			\$779,426
I.4b Days in Accounts Payable	max. 15		6
II. Financial Performance			
II.1 Revenue			\$50,899,399
II.2 Expenses			(\$50,693,575)
II.3 Total Surplus <Deficit>			\$205,824
II.4 Net Margin (% Revenue)	min. 1.5%		0.4%
III. Financial Strength			
III.1a Net Assets			\$5,944,219
III.1b Days Expenses in Net Assets	min. 25		43
III.2a Long Term Debt			\$5,063,516
III.2b Debt/Equity Ratio	max. 2.5:1		0.9:1

Section D

Current Year Financial Trends by Region

One Sky

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$4,194,184
I.1b Current Liabilities			\$3,240,192
I.1c Current Ratio	min. 1.5:1		1.3:1
I.2a Cash at Year End			\$1,740,253
I.2b Days Cash-on-Hand	min. 30		24
I.3a Year End Accounts Receivable			\$1,994,666
I.3b Days in Receivable	max. 30		28
I.4a Accounts Payable			\$2,532,758
I.4b Days in Accounts Payable	max. 15		35
II. Financial Performance			
II.1 Revenue			\$26,613,745
II.2 Expenses			(\$26,605,716)
II.3 Total Surplus <Deficit>			\$8,029
II.4 Net Margin (% Revenue)	min. 1.5%		0.0%
III. Financial Strength			
III.1a Net Assets			\$1,985,027
III.1b Days Expenses in Net Assets	min. 25		27
III.2a Long Term Debt			\$0
III.2b Debt/Equity Ratio	max. 2.5:1		0.0:1

Section D
Current Year Financial Trends by Region
Community Partners (BDS only)

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$2,869,570
I.1b Current Liabilities			\$2,998,434
I.1c Current Ratio	min. 1.5:1		1.0:1
I.2a Cash at Year End			\$1,761,558
I.2b Days Cash-on-Hand	min. 30		30
I.3a Year End Accounts Receivable			\$1,007,666
I.3b Days in Receivable	max. 30		17
I.4a Accounts Payable			\$1,749,974
I.4b Days in Accounts Payable	max. 15		30
II. Financial Performance			
II.1 Revenue			\$22,085,706
II.2 Expenses			(\$21,697,866)
II.3 Total Surplus <Deficit>			\$387,840
II.4 Net Margin (% Revenue)	min. 1.5%		1.8%
III. Financial Strength			
III.1a Net Assets			\$1,078,088
III.1b Days Expenses in Net Assets	min. 25		18
III.2a Long Term Debt			\$512,970
III.2b Debt/Equity Ratio	max. 2.5:1		0.5:1

Section D
Current Year Financial Trends by Region
Community Crossroads

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$4,688,474
I.1b Current Liabilities			\$2,496,885
I.1c Current Ratio	min. 1.5:1		1.9:1
I.2a Cash at Year End			\$2,021,142
I.2b Days Cash-on-Hand	min. 30		27
I.3a Year End Accounts Receivable			\$1,762,618
I.3b Days in Receivable	max. 30		24
I.4a Accounts Payable			\$1,716,220
I.4b Days in Accounts Payable	max. 15		23
II. Financial Performance			
II.1 Revenue			\$27,553,725
II.2 Expenses			(\$27,243,023)
II.3 Total Surplus <Deficit>			\$310,702
II.4 Net Margin (% Revenue)	min. 1.5%		1.1%
III. Financial Strength			
III.1a Net Assets			\$2,615,303
III.1b Days Expenses in Net Assets	min. 25		35
III.2a Long Term Debt			\$682,159
III.2b Debt/Equity Ratio	max. 2.5:1		0.3:1

**CALENDAR YEAR 2014-2019
AREA AGENCY CERTIFICATION STATISTICS**

REGION	VISITS WITHOUT DEFICIENCIES		VISITS WITH DEFICIENCIES		TOTAL	DEFICIENCIES TOTAL NUMBER	NUMBER OF DEFICIENCIES PER VISIT
	#	%	#	%			
	VISITS						
1	185	37%	309	63%	494	849	1.72
2	95	24%	301	76%	396	1049	2.65
3	141	48%	155	52%	296	393	1.33
4	161	29%	390	71%	551	1430	2.60
5	113	17%	536	83%	649	2165	3.34
6	170	29%	416	71%	586	1636	2.79
7	188	27%	507	73%	695	2556	3.68
8	95	19%	406	81%	501	1770	3.53
9	158	41%	229	59%	387	680	1.76
10	70	17%	340	83%	410	1507	3.68
STATE	1376	28%	3589	72%	4965	14035	2.83



NH Developmental Services Employment Summary June 2015

	June 2013	June 2014	June 2015
Total Number People Served (21 -64 years old)	3,779	3,872	3,966
Total Number Employed (including self-employment)	1,368	1,418	1,454
Employment Rate	36.2%	36.60%	36.66%



Average Hourly Wage

\$8.15

**Average Hours
Worked Per Week**

9.94

*According to the StateData:
The National Report on
Employment Services and
Outcomes 2014:*

- NH Ranks 6th in the nation
for integrated employment
outcomes at 37%.*

**Average
Weekly
Earnings = \$81**

**Average
Yearly
Earnings
\$4,214**

NH Developmental Services Employment Data Trends.... June 2015

Total Number of Individuals Served and Employed (21-64 Years Old), Including Self Employment

Regional Employment

Area Agency	# of Individuals Served	# of Individuals Employed*	% of Individuals Employed	
			%	ranking
Northern Human Services	364	166	45.6%	2nd
Pathways of the River Valley	239	74	31.0%	8th
Lakes Region Community Services	317	146	46.1%	1st
Community Bridges	516	150	29.1%	9th
Monadnock Developmental Services	396	159	40.2%	4th
Gateways Community Services	549	238	43.4%	3rd
Moore Center Services	548	159	29.0%	10th
One Sky Community Services	381	140	36.7%	5th
Community Partners	332	119	35.8%	6th
Community Crossroads	324	103	31.8%	7th
Statewide	3,966	1,454	36.7%	

BDS Mission Statement

The Bureau of Developmental Services (BDS) joins communities and families in providing opportunities for citizens with developmental disabilities or acquired brain disorders to achieve health and independence. In partnership with individuals, families, and community based service networks, BDS affirms the vision that all citizens should participate in the life of their community while receiving the supports they need to be productive and valued community members.

NH Developmental Services Employment Data Trends.... Continued

Regional Employment Hours Worked and Wage Data

- ** Does not include self-employment.
- *** Statewide averages are calculated by the entire data set, not by the column.
- **** Projection based on working 52 weeks. Does not take into account seasonal employment. Calculated without rounding.



Increase since last reporting period

Decrease since last reporting period.

Area Agency	Average hours worked per week **		Average hourly wage per job **		Average Earnings		
		rank		rank	weekly	rank	Projected yearly ****
Northern Human Services	8.94	7th	\$7.88	8th	\$70	9th	\$3,663
Pathways of the River Valley	13.71	1st	\$8.98	1st	\$123	1st	\$6,401
Lakes Region Community Services	9.99	4th	\$7.68	10th	\$77	5th	\$3,992
Community Bridges	9.87	6th	\$8.33	4th	\$82	6th	\$4,275
Monadnock Developmental Services	9.92	5th	\$8.23	5th	\$82	4th	\$4,249
Gateways Community Services	8.73	9th	\$7.86	9th	\$69	8th	\$3,566
Moore Center Services	11.34	3rd	\$8.22	6th	\$93	3rd	\$4,844
One Sky Community Services	8.32	10th	\$8.43	3rd	\$70	10th	\$3,645
Community Partners	12.78	2nd	\$8.14	7th	\$104	2nd	\$5,405
Community Crossroads	8.85	8th	\$8.53	2nd	\$76	7th	\$3,927
Statewide Averages ***	9.94		\$8.15		\$81		\$4,214

BDS Employment Report for the Period 1/1/2016-6/30/2016.

Statewide Figures	June 2016
Total Number of People Served (21-64 years old)	4,008
Total Number Reported on BDS Employment Report (Volunteer, Internship, Paid Employment or Self Employment, unduplicated)	2,765
Total Number Employed (Including self-employment)	1,430
Employment Rate (Employed/All Persons Reported on BDS Employment Report)	51.7%
Employment Rate (Employed/Total Number Served, unduplicated)	35.6%

Statewide Figures	June 2016
Total Number of Jobs	1,684
Average Hourly Wage	\$8.36
Average Hours Worked Per Week	11.00
Average Weekly Earnings (Per Job)	\$92.46
Average Monthly Earnings (Per Job)	\$400.37
Average Annual Earnings (Per Job)	\$4,804.47

Area Agency	Unduplicated (Total Served, 21-64, including those not on BDS Report)	Unduplicated Served (All) (BDS Report)	Unduplicated #Working	Duplicated	Total # Jobs&SE	% Employed (BDS Employment Report)	% Employed (Total Served)	Ranking
Region 1	364	318	159	27	186	50%	43.6%	2nd
Region 2	235	113	75	4	79	66.37%	31.9%	8th
Region 3	316	277	138	30	168	49.8%	43.7%	1st
Region 4	464	318	156	27	183	49%	33.6%	6th
Region 5	427	350	147	54	201	42%	34.4%	5th
Region 6	598	342	231	36	267	67.5%	38.6%	3rd
Region 7	550	374	179	33	212	47.8%	32.5%	7th

BDS Employment Report for the Period 1/1/2016-6/30/2016.

Region 8	394	279	125	30	155	44.8%	31.7%	9th
Region 9	318	206	120	15	135	58.2%	37.7%	4th
Region 10	342	188	100	11	111	53.2%	29.2%	10th
Total	4,008	2,765	1,430	267	1,697	51.7%	35.6%	

Area Agency	# Jobs	Average hrs/wk	Avg Pay/Hour	Avg/Annual Earnings	Ranking
Region 1	186	9.63	8.91	4,449.86	8th
Region 2	79	12.68	8.44	5,630.73	2nd
Region 3	168	10.93	8.23	4,589.58	6th
Region 4	183	11.01	8.26	4,751	4th
Region 5	201	11.38	7.98	4,721	5th
Region 6	267	10.86	8.00	4,496.11	7th
Region 7	212	11.89	8.51	5,251.78	3rd
Region 8	155	9.56	8.38	4,220.50	9th
Region 9	135	13.21	9.05	6,331.27	1st
Region 10	111	9.38	8.12	3,929.17	10th

Region with Highest Number of Hours Per Week: Community Partners/Region 9

Region with Highest Average Wage Per Hour: Community Partners/Region 9

Region with Highest Percent Employed: Lakes Region Community Services/Region 3

Types of Support

Types of Employment Support	Percentage
Percentage of Workers Rely on Job Coaches	57.3%

NH Developmental Services Employment Data Report January 1, 2017-June 30, 2017

	June 2016	December 2016	June 2017	Change (6 months)	Change (12 months)
People Receiving Services (age 21-64)	4008	4008	4008	0	0
Total number of people employed, excluding self employment, paid minimum wage or above	1392	1440	1470	30	78
Total number of jobs excluding self-employment paid minimum wage or above.	1640	1640	1709	69	69
People who have self employment	64	64	63	-1	-1
People Employed, including self employment (Ages 21-64)	1,456	1,504	1,533	29	77
Total Employed as a percentage of Total Served	36.33%	37.50%	38.20%	0.7%	1.87%
Statewide pay per hour based on total Number of Jobs, excluding self employment	\$8.43	\$8.45	\$8.54	\$0.09	\$0.11
Statewide number of hours per week based on total number of jobs, excluding self employment	11	10.07	11.2	1.13	0.2
Number of workers with more than one job, excluding self employment.				0	0
Statewide pay per hour based on total employment per worker.			\$9.94	\$9.94	\$9.94
Statewide hours per week based on total employment per worker.			10.1	10	10

*There are some people who have both hourly wages and self-employment.

**Average
Hourly
Wage**
\$8.54

**Average
Hours Worked
Per Week**
11.2

**Average
Weekly
Earnings**
\$95.65

**Average
Yearly
Earnings**
\$4,974

**Regional Statistics
Employment**

	# of JOBS	# of WORKERS	PER JOB			PER WORKER			Median Wage/Hour	
			Average Hours/Week	Median Hours/Week	Average Wage/Hour	Median Wage/Hour	Average Hours/Week	Median Hours/Week		Average Wage/Hour
Region 1	184	167	9.67	7.9	\$8.30	\$7.25	10.63	8.46	\$9.15	\$7.77
Region 2	85	79	13.98	10	\$9.33	\$9.00	15.04	10	\$10.04	\$9.10
Region 3	180	136	10.89	8	\$7.93	\$7.25	14.41	11.25	\$10.50	\$7.90
Region 4	187	163	11.62	9	\$8.79	\$8.00	13.33	10	\$10.08	\$9.00
Region 5	184	155	12.4	9	\$8.80	\$8.19	14.71	12	\$10.45	\$9.00
Region 6	273	237	10.71	8	\$8.34	\$8.00	12.33	10	\$9.61	\$8.00
Region 7	206	178	12.01	10.5	\$8.45	\$7.88	13.9	12	\$9.78	\$8.25
Region 8	155	130	9.39	6	\$8.76	\$8.50	11.19	8.5	\$10.44	\$8.88
Region 9	142	129	13.29	12	\$8.52	\$8.00	14.67	13	\$9.46	\$8.25
Region 10	113	96	9.55	6	\$8.87	\$8.00	11.24	8	\$10.44	\$9.00
TOTAL STATEWIDE	1709	1470	11.22	8	\$8.54	\$8.00	13.06	10	\$9.94	\$8.44

Volunteer

	# Volunteer positions	# Volunteers	# Volunteers with more than one experience	Average Hours	Median Hours
Region 1	128	80	40	3.43	2
Region 2	39	30	9	3	2
Region 3	114	79	35	2	2
Region 4	154	99	55	2.96	2
Region 5	109	74	35	2.94	2
Region 6	46	40	6	3.26	2.5
Region 7	221	135	86	3.09	3
Region 8	142	86	56	2.68	2
Region 9	99	72	27	3.16	2
Region 10	100	72	28	3.93	2

Hours Worked Per Week

	Hours Per Week							Total
	2-9	10-19	20-29	30-40	Over 40 hours			
Region 1	Count	91	45	27	4	0	167	
	% within Area Agency	54.5%	26.9%	16.2%	2.4%	0.0%	100.0%	
	% within Hours Per Week	13.7%	10.3%	11.5%	3.3%	0.0%	11.4%	
	% of Total	6.2%	3.1%	1.8%	0.3%	0.0%	11.4%	
Region 2	Count	37	19	8	13	2	79	
	% within Area Agency	46.8%	24.1%	10.1%	16.5%	2.5%	100.0%	
	% within Hours Per Week	5.6%	4.4%	3.4%	10.8%	13.3%	5.4%	
	% of Total	2.5%	1.3%	0.5%	0.9%	0.1%	5.4%	
Region 3	Count	57	37	23	17	2	136	
	% within Area Agency	41.9%	27.2%	16.9%	12.5%	1.5%	100.0%	
	% within Hours Per Week	8.6%	8.5%	9.8%	14.2%	13.3%	9.3%	
	% of Total	3.9%	2.5%	1.6%	1.2%	0.1%	9.3%	
Region 4	Count	73	49	26	12	3	163	
	% within Area Agency	44.8%	30.1%	16.0%	7.4%	1.8%	100.0%	
	% within Hours Per Week	11.0%	11.2%	11.1%	10.0%	20.0%	11.1%	
	% of Total	5.0%	3.3%	1.8%	0.8%	0.2%	11.1%	
Region 5	Count	67	38	24	23	3	155	
	% within Area Agency	43.2%	24.5%	15.5%	14.8%	1.9%	100.0%	
	% within Hours Per Week	10.1%	8.7%	10.3%	19.2%	20.0%	10.5%	
	% of Total	4.6%	2.6%	1.6%	1.6%	0.2%	10.5%	
Region 6	Count	105	75	45	11	1	237	
	% within Area Agency	44.3%	31.6%	19.0%	4.6%	0.4%	100.0%	
	% within Hours Per Week	15.8%	17.2%	19.2%	9.2%	6.7%	16.1%	
	% of Total	7.1%	5.1%	3.1%	0.7%	0.1%	16.1%	
Region 7	Count	64	67	32	13	2	178	
	% within Area Agency	36.0%	37.6%	18.0%	7.3%	1.1%	100.0%	
	% within Hours Per Week	9.6%	15.4%	13.7%	10.8%	13.3%	12.1%	
	% of Total	4.4%	4.6%	2.2%	0.9%	0.1%	12.1%	

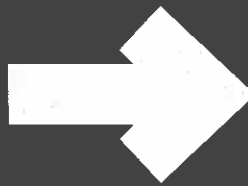
NH Developmental Services Employment Data Report

April 1, 2018-June 30, 2018

	Change Since Last Report (3 months)
People receiving services (age 21-64)	4
Total number of people employed, excluding self-employment, paid minimum wage or above	44
Total number of jobs excluding self-employment paid minimum wage or above	98
People who have self-employment	13
People employed, including self-employment (age 21-64)	57
Total employed as a percentage of total served, including self-employment	1.34%
Statewide pay per hour based on total number of jobs, excluding self-employment	\$0.03
Statewide number of hours per week based on total number of jobs, excluding self-employment	-0.07
Number of workers with more than one job, excluding self-employment	54
Statewide average pay per hour of total employment per worker, excluding self-employment	\$0.24
Statewide hours per week based on total employment per worker	0.23

We have seen an increase in:

- People Receiving Services
- Total Number Employed (with & without self-employment)
- People Who Have Self-Employment
- Total Employed as a Percent of Total Served
- Pay Per Hour by Job & Worker
- Hours Per Week by Worker



We have seen a decrease in:

- Hours Per Week by Job

Statewide Representation	Number of Vendors Supporting Employment	52
	Number of Vendors Serving NH	70
	Number of Industry Codes Represented	16
Weekly Ranges Per Job	Hours	2-45 hours per week
	Wage	\$7.25-\$27.69 an hour
Weekly Ranges Per Worker *	Hours	2-80 hours per week
	Wage	\$7.25-\$39.50 an hour

* Total of all jobs that individuals work

Employment Statistics By Region

	# of JOBS	# of WORKERS	Total Served	Employment Rate	Rank	PER JOB* Median Hours/Week	Median Wage/Hour	PER WORKER** Median Hours/Week	Median Wage/Hour
Region 1	176	158	369	42.82%	3rd	8	\$8.00	9.16	\$8.00
Region 2	89	81	222	36.49%	7th	10	\$9.00	10	\$9.10
Region 3	193	144	318	45.28%	1st	6	\$7.25	10.75	\$7.90
Region 4	195	165	535	30.84%	9th	8	\$8.00	12	\$9.00
Region 5	192	157	427	36.77%	6th	9	\$8.25	12	\$9.00
Region 6	311	263	610	43.11%	2nd	7	\$8.00	10	\$8.50
Region 7	225	185	597	30.99%	8th	10	\$8.00	12	\$9.00
Region 8	161	139	372	37.37%	5th	7	\$8.68	9	\$9.00
Region 9	171	147	350	42.00%	4th	10	\$8.00	15	\$9.00
Region 10	108	98	334	29.34%	10th	6	\$8.15	7.5	\$8.64
TOTAL STATEWIDE	1821	1537	4134		8	8	\$8.00	10	\$8.75

*Per Job - average hourly wages and average number of hours per job within the region
 **Per Worker - average number of total hours and total wages for all jobs worked

# of JOBS	Total Served	% of Statewide Jobs	Rank	# of WORKERS	% of Statewide Workers	Rank	% of State Served	Rank
Region 1	369	9.67%	6th	158	10.28%	4th	8.93%	6th
Region 2	222	4.89%	10th	81	5.27%	10th	5.37%	10th
Region 3	318	10.60%	4th	144	9.37%	7th	7.69%	9th
Region 4	535	10.71%	3rd	165	10.74%	3rd	12.94%	3rd
Region 5	427	10.54%	5th	157	10.21%	5th	10.33%	4th
Region 6	610	17.08%	1st	263	17.11%	1st	14.76%	1st
Region 7	597	12.36%	2nd	185	12.04%	2nd	14.44%	2nd
Region 8	372	8.84%	8th	139	9.04%	8th	9.00%	5th
Region 9	350	9.39%	7th	147	9.56%	6th	8.47%	7th
Region 10	334	5.93%	9th	98	6.38%	9th	8.08%	8th
Total	4134			1537				

Region 5: Monadnock Developmental Services						
	# of JOBS	# of WORKERS	PER JOB		PER WORKER	
			Median Hours/Week	Median Wage/Hour	Median Hours/Week	Median Wage/Hour
Chesco Employment	38	31	7.5	\$8.27	8	\$8.00
Community Strategies for NH	5	5	4	\$9.75	4	\$9.75
Croched Mountain	3	3	22.5	\$9.00	22.5	\$9.00
Easter Seals NH, Inc.	4	3	6.5	\$7.25	9	\$7.25
Monadnock Developmental Services	44	38	20	\$8.00	20	\$8.22
Monadnock Developmental Services - ISO	4	4	20	\$8.68	20	\$8.68
Monadnock Developmental Services - MCST	25	25	15	\$10.22	15	\$10.22
Monadnock Worksource	23	16	3	\$7.25	4.5	\$8.11
Neurorestorative NH	1	1	3	\$7.75	3	\$7.75
Opportunity Networks	5	5	8	\$9.00	8	\$9.00
Psalm 33	1	1	3	\$9.00	3	\$9.00
Residential Resources Inc.	6	4	5	\$8.13	14	\$8.91
Robin Hill Farm, Inc.	1	1	2.25	\$8.00	2.25	\$8.00
Southwestern Community Services	31	19	6	\$8.00	13	\$15.25
No Vendor	1	1	30	\$9.00	30	\$9.00
REGIONAL TOTAL	192	157	9	\$8.25	10	\$8.50

NEW HAMPSHIRE DEVELOPMENTAL SERVICES



EMPLOYMENT DATA REPORT

QUARTERLY REPORT

7/01/19 - 9/30/19

New Hampshire Department of Health & Human Services
Division of Long Term Supports and Services
Bureau of Developmental Services
Phone: 800.852.3345 ext. 5034 (NH only) or 603.271.5034
www.dhhs.nh.gov/dcbcs/bds/employment.htm

Available in alternative formats on request

Institute on Disability/UCED



University of
New Hampshire

NH Developmental Services Employment Rates

Total Number of Individuals Served and Employed (21-64 Years Old), Excluding Self Employment

Area Agency	Individuals Served	Individuals Working	Employment Rate	Ranking
Region 1: Northern Human Services	370	160	43.2%	2
Region 2: Pathways of the River Valley	249	83	33.3%	5
Region 3: Lakes Region Community Services	328	144	43.9%	1
Region 4: Community Bridges	545	162	29.7%	7
Region 5: Monadnock Developmental Services	442	150	33.9%	4
Region 6: Gateways Community Services	627	266	42.4%	3
Region 7: The Moore Center	608	149	24.5%	10
Region 8: One Sky Community Services	391	125	32.0%	6
Region 9: Community Partners	375	101	26.9%	8
Region 10: Community Crossroads	354	88	24.9%	9
Statewide Total	4,289	1,428	33.3%	

Regional and Statewide Employment Totals

Region	Individuals Employed	Jobs	WEEKLY PER JOB			WEEKLY PER WORKER				
			Average Hours Worked	Median Hours Worked	Average Wages Earned	Median Wages Earned	Average Total Hours	Median Total Hours	Average Wages Earned	Median Wages Earned
1	160	175	10.3	8.0	\$8.69	\$8.00	11.3	10.0	\$103.53	\$75.50
2	83	94	13.0	10.0	\$10.09	\$10.00	14.8	12.0	\$157.64	\$111.50
3	144	186	10.6	8.0	\$8.05	\$7.25	13.7	10.0	\$114.88	\$82.94
4	162	187	11.2	9.0	\$9.16	\$9.00	13.0	10.3	\$122.01	\$101.00
5	150	179	11.3	8.0	\$9.02	\$8.50	13.5	10.0	\$130.08	\$95.20
6	266	312	10.3	6.6	\$8.91	\$8.21	12.0	10.0	\$115.75	\$86.00
7	149	169	11.0	9.0	\$8.83	\$8.25	12.4	10.0	\$114.14	\$93.30
8	125	147	9.2	8.0	\$9.21	\$9.00	10.8	9.0	\$103.46	\$81.00
9	101	114	13.3	12.8	\$8.72	\$8.28	15.0	15.0	\$137.89	\$120.00
10	88	97	9.5	6.0	\$9.09	\$8.75	10.4	8.0	\$99.98	\$65.90
TOTAL STATEWIDE	1428	1660	10.8	8.0	\$8.91	\$8.50	12.6	10	\$118.29	\$87.75

Region 5: Monadnock Developmental Services



Vendor	Individuals Employed	Jobs	WEEKLY PER JOB				WEEKLY PER WORKER			
			Average Hours Worked	Median Hours Worked	Average Wages Earned	Median Wages Earned	Average Total Hours	Median Total Hours	Average Wages Earned	Median Wages Earned
ARC of NH	1	1	2.0	2.0	\$8.00	\$8.00	2.0	2.0	\$16.00	\$16.00
Chesco Employment	28	30	10.0	6.5	\$8.66	\$8.25	10.7	7.5	\$99.93	\$62.00
Comfort Keepers	3	3	8.8	4.0	\$8.75	\$8.50	8.8	4.0	\$86.75	\$29.00
Community Strategies for NH	4	4	5.0	5.0	\$9.67	\$9.35	5.0	5.0	\$47.94	\$49.00
Crotched Mountain	3	3	15.8	15.0	\$7.58	\$7.50	15.8	15.0	\$118.54	\$112.50
Easterseals NH	2	2	5.0	5.0	\$7.75	\$7.75	5.0	5.0	\$39.25	\$39.25
Institute of Professional Practice, Inc.	1	2	4.5	4.5	\$10.00	\$10.00	9.0	9.0	\$89.00	\$89.00
Monadnock Developmental Services	19	22	15.9	11.0	\$8.60	\$8.00	18.4	15.0	\$161.66	\$144.00
Monadnock Developmental Services - ISO	4	4	19.8	20.0	\$9.62	\$10.00	19.8	20.0	\$202.45	\$200.00
Monadnock Developmental Services - MCST	39	42	15.3	12.0	\$10.48	\$10.00	16.5	12.0	\$179.84	\$143.00
Monadnock Worksource	14	19	6.8	4.0	\$8.39	\$7.25	9.2	8.0	\$85.39	\$65.88
Opportunity Networks	5	5	5.8	6.0	\$8.97	\$9.00	5.8	6.0	\$52.33	\$54.00
Psalm 33	1	1	3.0	3.0	\$9.00	\$9.00	3.0	3.0	\$27.00	\$27.00
Residential Resources Inc.	4	6	10.0	5.0	\$8.17	\$8.13	15.0	14.0	\$126.98	\$122.97
Southwestern Community Services	20	33	8.0	6.0	\$8.30	\$8.00	13.6	9.0	\$119.28	\$87.99
Summit NH, LLC	1	1	25.0	25.0	\$10.00	\$10.00	25.0	25.0	\$250.00	\$250.00
Work Opportunities Unlimited, Inc.	1	1	20.0	20.0	\$10.00	\$10.00	20.0	20.0	\$200.00	\$200.00
REGIONAL TOTAL	150	179	11.3	8.0	\$9.02	\$8.50	13.5	10.0	\$130.08	\$95.20

Bureau of Developmental Services
Developmental Disabilities and Acquired Brain Disorder Waivers File Review Findings
November 6, 2019

Monadnock Developmental Services (MDS), Region 5

Service review audits are part of an evolving annual quality review process developed by the Bureau of Developmental Services (BDS) to monitor compliance with New Hampshire's Home and Community Based Services waivers.

A self-assessment review was completed by MDS for 30 records, which consisted of 25 Developmental Disability (DD) waiver service files and 5 Acquired Brain Disorder (ABD) waiver service files, covering the service period of April 1, 2019 to June 30, 2019. The Bureau of Developmental Services completed an onsite review of MDS' findings. This report summarizes the findings from BDS, notes systemic barriers identified by BDS that affected service provision and references lessons learned by Region 5 as a result of the self-assessment.

Summary of Findings

- A complete tally of results is included as, "Attachment A".
- All Service Agreements reviewed were renewed within one year or contained a signed amendment to extend the service agreement.
- All files reviewed showed evidence of person-centered planning as the Service Agreements were developed in accordance with the individuals' interests, preferences and needs.
- All files reviewed included a Health Care Level based on the Health Risk Screening Tool (HRST).
- All Service Agreements reviewed documented a meaningful conversation around assistive technology.
- All Service Agreements reviewed included documentation of satisfaction.
- All Service Agreements reviewed listed specific support services to be provided under each service category.
- All Service Agreements reviewed included goals as well as the frequency, duration and necessary documentation to describe progress.
- All files reviewed contained progress notes for the audit period.
- All files reviewed showed evidence of monthly contact from the Service Coordinator.
- All files reviewed demonstrated that the individual and/or other individuals involved in his/her life were part of the service planning process.
- A new case note system has been implemented which has enhanced the overall thoroughness and quality of the documentation.

Systemic Barriers

- MDS recognizes that the lack of a robust workforce pool in their region has impacted service coordination and individual programs. Lack of applicants and low wages often result in high turnover for Service Coordinators as well as for staff working with families. Inconsistent documentation and follow-through as well as under-utilization of services are often the result.

- MDS has also reported that they lack a database from which information can be pulled and tabulated. Such an enhancement would allow them to gather data quickly, create fewer errors and enhance oversight.
- MDS has worked diligently to ensure that all Supports Intensity Scale (SIS) assessments are completed within timeframes, however, limited accessibility to interviewers in their region often creates a challenge and greatly impacts this.

Self-Assessed Lessons Learned

- MDS reports that they have improved their tracking and documentation of home visits since the last BDS Service File Review.
- MDS also notes that while progress notes were present for all files reviewed, they will continue to emphasize the need for improved detail within the notes. They have provided training around oversight of this documentation to their Service Coordinators.
- The HRST Service Agreement template has check boxes to indicate if there is a need for guardianship or if there are services needed but not available. MDS will request that their Service Coordinators ensure that there is also documentation within their notes regarding these discussions.
- Families find it difficult to attend in-person trainings for numerous reasons. MDS will begin offering trainings online. Training logs will also be provided to families to enhance tracking.
- A new tracking sheet for PDMS quarterly satisfaction surveys will be developed so that the Service Coordinator can follow up with a family when this information has not been received.

Additional Considerations

There is some crossover in identified areas that required remediation in the 2018 and 2019 Service File reviews. MDS identified corrective action plans and remediation for these areas following the 2018 self-audit which were accepted by BDS. Implementation began and progress is already noted in many of these areas despite the short amount of time between the 2018 and 2019 file reviews. MDS' self-identified lessons learned from the 2018 review were indicated in the BDS report for that time-period and have not been added in the 2019 report.

Corrective Action Required

- Based on the results of the Service Audit Tool, a corrective action plan is required for question number 51. Please provide a corrective action plan by 2019.
 - Question #51: Three of the files reviewed did not contain appropriate documentation to support billing. A corrective action plan or remediation is needed for:
 - . - Billed Residential for 5/18/19, attendance sheet indicates that she was absent on that date.
 - - Billed for 4/26/19 and 4/27/19, attendance sheet indicates that she was absent on those dates.

- . - Billed Residential for 5/26/19, attendance sheet indicates that he was absent on this date.
- Based on the results of the Staffing Questions, a corrective action plan is required for questions number 15, 18, 19 and 20.
 - Question #15: Three of the eight files reviewed did not have at least two references on file for each provider.
 - Question #18: Three of the eight files reviewed did not have documentation to show that the employer provided information regarding staff development elements in He-M 506.05.
 - Question #19: Three of the eight files reviewed did not have documentation to show that the employer ensured that non-family staff and the provider received the orientation and training selected and/or provided by the representative that is client specific.
 - Question #20: None of the files reviewed had documentation to show that the family provided specific training to the family managed employee.

Bureau of Developmental Services
In Home Support Waiver File Review Findings
February 20, 2020

Monadnock Developmental Services (MDS), Region 5

Service File Review audits are part of an evolving annual quality review process developed by the Bureau of Developmental Services (BDS) to monitor compliance with New Hampshire's Home and Community Based Services waivers.

A self-assessment review was completed by MDS for 25 In Home Support (IHS) waiver records covering the service period of April 1, 2019 to June 30, 2019. The Bureau of Developmental Services completed an onsite review of MDS' findings. This report summarizes the findings from BDS, notes systemic barriers identified by MDS that affected service provision and references lessons learned by Region 5 as a result of the self-assessment.

Summary of Findings

- A complete tally of results is included as, "Attachment A".
- All files reviewed showed evidence of person-centered planning, as the Service Agreements were developed in accordance with the individuals' interests, preferences and needs.
- All files reviewed included a Health Care Level based on the Health Risk Screening Tool (HRST).
- All Service Agreements reviewed included documentation of satisfaction.
- All Service Agreements reviewed listed specific support services to be provided under each service category.
- All Service Agreements reviewed included goals as well as the frequency, duration and necessary documentation to describe progress.
- All files reviewed showed evidence of monthly contact from the Service Coordinator.
- All files reviewed demonstrated that the individual and/or other individuals involved in his/her life were part of the service planning process.

Systemic Barriers

- MDS reported that their IHS Coordinator position was vacant during the audit period, 4/1/2019 – 6/30/2019. The responsibilities associated with this position were reassigned for coverage; however, this affected the overall workflow of the Children's Department.

Self-Assessed Lessons Learned

- Most Service Agreements reviewed were extended beyond 12 months.
 - MDS' Summary at a Glance indicates that a system has been implemented to track timeframes for Service Agreements to ensure that they are completed within 12 months whenever possible.
- Several of the programs underspent their budgets by 25% or more for two years.
 - MDS' Summary at a Glance indicates that this was primarily due to staffing shortages. They do not feel that adjusting annualized budgets for the individuals is appropriate at

this time as there is still a need for the service. They report a slight increase in staff availability and utilization this fiscal year.

- The responses to question #18 on the Staffing Tool reflected that 5 of the 21 staff files reviewed did not have documentation to show that the employer provided information regarding the staff development elements in He-M 506.05. In addition, the responses to question #19 on the Staffing Tool reflected that 18 of the 21 staff files reviewed did not have documentation to show that the employer ensured that non-family staff and the provider received the orientation and training selected and/or provided by the representative that is client specific.
- - MDS' Summary at a Glance indicates that they have developed an Orientation Form to track the trainings for new staff.
- The responses to question #20 on the Staffing Tool reflected that 17 of the 21 files reviewed did not have documentation to show that the family provided individual-specific training to the family managed employee.
 - MDS' Summary at a Glance indicates that an individual-specific staff training Form has been developed to assist families/parents in tracking staff training.

Additional Considerations

The 2018 IHS File Review was completed in August of 2019. As such, this 2019 IHS File Review reflects some of the same program challenges. MDS identified corrective action plans and remediation for these areas in their 2018 Summary at a Glance that have since been implemented; however, they will not be fully reflected in the files until the 2020 IHS File Review. Progress was already noted in many of the files reviewed. Some of these changes include:

- A part-time administrative support staff has been on-boarded to assist with tasks such as tracking monthly attendance sheets, tracking receipt and quality review of monthly progress notes, mailing of monthly budget reports, satisfaction feedback and finalizing Service Agreements. It was noted in the 2018 Summary at a Glance that additional staff was needed to ensure that records were maintained with regard to required documentation.
- Families now receive timesheets for staff and are asked to verify their accuracy. It was noted in the 2018 Summary at a Glance that a process was needed in order for families to confirm and approve staff timesheets.
- A tracking system has been implemented for Service Agreements in order to adhere to timelines and improve the quality of the completed document.
- MDS has shared that they plan to merge their Participant Managed and Directed Services (PDMS) department and their In Home Supports/Children's Department in order to standardize practices between these two self-directed program units.
- Several Forms and processes have been developed or reworked in order to improve documentation.

- An electronic service log has been developed to ensure that there is consistency in the documentation of communication.
 - A Quarterly Review Form is now being used to track whether or not services match an individual's needs and interests, satisfaction and needed changes.
 - An individualized orientation form has been developed.
 - A form has been developed so that parents can track person-specific training for staff.
- 15 of the files reviewed did not document a discussion around assistive technology. While there is a spot in the Service Agreement template to indicate when it is needed, we encourage documentation of the conversation be added into the Personal Profile or other pertinent areas of the Service Agreement. This is a statewide focus area.

Corrective Action Required

- Based on the results of the Service Audit Tool, a corrective action plan is required for question number 57. Please provide a corrective action by
 - Question #57: One of the files reviewed did not contain appropriate documentation to support billing. A corrective action plan or remediation is needed for:
 - S.H. (Duck 11152071) – The agency self-reported that there were no progress notes in the file for April and June of 2020.
- Based on the results of the Staffing Questions, a corrective action plan is required for question # 15. Please provide a corrective action plan by
 - Question #15: The agency self-reported that 17 of the 21 staffing files reviewed did not have at least one reference on file for each provider.

